

Fergus Falls Housing & Redevelopment Authority

Email: ffhra@fergusfallshra.com Website: www.fergusfallshra.com

HRA OFFICE and TIMBER PLACE TOWNHOMES

1151 Friberg Avenue,
Fergus Falls, MN 56537
PHONE: (218) 739-3249
FAX: (218) 736-4706



RIVERVIEW HEIGHTS
205 North Sheridan Avenue
Fergus Falls, MN 56537
PHONE: (218) 739-9498
FAX: (218) 736-4706



FAMILY COMPOSITION CHANGE REQUEST FORM

In order to request an interim adjustment to family composition you **must complete the form on the other side and return it with proof of the change**. Failure to report a change in household composition, in a timely manner according to program policy, may result in you having to repay money to the HRA and/or result in termination of assistance/tenancy.

The following is a list of the required documents needed to process your interim. Failure to provide this documentation will result in a delay of the interim rent adjustment.

To Add a Minor Child to your Household through Birth or Adoption, please provide the following:

- Social Security Card
- Birth Certificate
- Adoption Court Documents

To Add a Minor Child to your Household through other circumstances, please provide the following:

- Social Security Card
- Birth Certificate
- Court Awarded Custody Documents OR
- Notarized letter from child's parent designating custody and including expected length of stay

To Add an Adult to your Household:

Contact the HRA to schedule an appointment that the additional member is required to attend.

The member to be added **must** bring the following documentation to this meeting:

- Statement from property owner approving the addition of this adult to the unit
- Social Security Card
- Valid picture ID
- Documentation of income (last 6 pay stubs; current award letters; current benefit statements)

To Remove a Household Member, please provide the following:

- Proof of the new address for the member who is leaving the household. This can be a copy of their new lease or a utility bill with their new address.
- A statement from your current property owner confirming that this family member has vacated the unit and has been removed from the lease.

This request **WILL NOT BE PROCESSED** without the required documentation.

You **MUST** attach the appropriate documentation to this form, according to what type of change you are reporting.

This form WILL NOT be processed without the required documentation—READ OTHER SIDE!

**You MUST attach the appropriate documentation to this form,
according to what type of change you are reporting.**

HOUSEHOLD INFORMATION

Head of Household Name: _____

Address: _____ City: _____

Phone Number: _____ Last Four Digits of Social Security Number: **XXXX - XX -** _____

FAMILY COMPOSITION CHANGES — Check any that apply

REMOVE a Household Member Name _____ Move out date: ___/___/___

Minor Child

Birth date: ___/___/___

Adult

New address: _____

ADD a Household Member Name _____ Move-in date: ___/___/___

Minor Child

Birth date: ___/___/___ Social Sec. #: _____

**Adult (appointment
is required)**

Relationship to Head of Household: _____

ADD a Household Member Name _____ Move-in date: ___/___/___

Minor Child

Birth date: ___/___/___ Social Sec. #: _____

**Adult (appointment
is required)**

Relationship to Head of Household: _____

Appointments are REQUIRED to ADD ADULTS to the household.

Please contact the HRA Office to schedule your appointment — (218) 739-3249

*I certify that the information given above is accurate and complete to the best of my knowledge and belief.
I understand that providing false information is punishable under Federal and State Law
and is grounds for termination of housing assistance.*

Signature of

Head of Household: _____

Date: _____