

Fergus Falls Housing & Redevelopment Authority

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**HRA OFFICE and
TIMBER PLACE TOWNHOMES**
1151 Friberg Avenue,
Fergus Falls, MN 56537
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FAX: (218) 736-4706



RIVERVIEW HEIGHTS
205 North Sheridan Avenue
Fergus Falls, MN 56537
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INCOME /EXPENSE CHANGE REQUEST FORM

In order to request an interim adjustment to your rent portion, you **must complete the other side of this form and return it with the required documentation as proof of the change.** Failure to report an increase in household income 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, depending on the type of income change occurring. Failure to provide this documentation will result in a delay of the interim rent adjustment. Please attach the appropriate documentation to this form, according to what type of income change you are reporting.

Type of Income Change	Documentation Required
New job	Letter <u>on</u> employer's letterhead that includes: <ul style="list-style-type: none"> • Hire date • Rate of pay • Hours worked per pay period (or 2 paystubs)
Lost job	<ul style="list-style-type: none"> • Letter on employer's letterhead stating stop work date. • Unemployment award letter or unemployment denial letter.
Change in MFIP/GA/ MSA	<ul style="list-style-type: none"> • Benefit Statement
Change in Child Support	<ul style="list-style-type: none"> • Benefit Statement • 12 months payment history from County (if available)
Social Security	<ul style="list-style-type: none"> • Award Letter or Benefit Statement
Medical Expenses	<ul style="list-style-type: none"> • Statement from: pharmacy, clinic, hospital or other provider, medical insurance
Child Care Expenses	Contract and/or letter from Daycare Provider including: <ul style="list-style-type: none"> • Name • Address • Phone number • Email • Amount of daycare expense

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.

HOUSEHOLD INFORMATION

Head of Household Name: _____

Address: _____ City: _____

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

INCOME/EXPENSE CHANGES — Check any that apply

<input type="checkbox"/> Wages:	Name of Household Member: _____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	<input type="checkbox"/> New Job <input type="checkbox"/> Stop Work <input type="checkbox"/> Other	New Income Amount: \$ _____/month
	Effective Date: _____	Company Name: _____	Company Phone: _____	Company Address: _____
	If you are adding a new job, is this a 2 nd job? : <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are reporting a loss in wages, please identify a source of replacement income, if any:		<input type="checkbox"/> Unemployment <input type="checkbox"/> MFIP (Welfare) <input type="checkbox"/> Looking for work <input type="checkbox"/> Other <input type="checkbox"/> None
<input type="checkbox"/> MFIP/GA/MSA	Name of Household Member _____	<input type="checkbox"/> Increase <input type="checkbox"/> Applied for	<input type="checkbox"/> Decrease	New Income Amount: \$ _____/month
<input type="checkbox"/> Child Support	Name of Household Member _____	<input type="checkbox"/> Increase <input type="checkbox"/> Applied for	<input type="checkbox"/> Decrease	New Income Amount: \$ _____/month
<input type="checkbox"/> Social Security	Name of Household Member _____	<input type="checkbox"/> Increase <input type="checkbox"/> Applied for	<input type="checkbox"/> Decrease	New Income Amount: \$ _____/month
<input type="checkbox"/> Other	Name of Household Member _____	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	New Income Amount: \$ _____/month
<input type="checkbox"/> Medical Expense	Name of Household Member _____	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	New Income Amount: \$ _____/month
<input type="checkbox"/> Child Care Expenses	Name of Household Member _____	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	New Income Amount: \$ _____/month

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: _____