

PUBLIC HOUSING AGENCY

SAINT PAUL

555 Wabasha St. N. • Suite 300
Saint Paul, Minnesota 55102-1017
651-298-5158 • Fax 651-292-7917
Hearing Impaired-Minnesota Relay: 7-1-1

Section 8 Change Request/Drop Off Request

HCV Specialist Name: _____

- I am dropping off paperwork requested by my worker – Complete Section 1.
- I am reporting a change – Check the options below that apply and complete Section 1. You will also need to complete any additional sections as indicated by your option(s).
- Receiving new income (Section 2) No longer receiving income (Section 3)
- Add household member (Section 4) Remove household member (Section 5)

Section 1 - Tenant Information – MUST BE COMPLETED FOR ANY CHANGE TYPE

Head of Household: _____ Head of Household's SSN: _____

Address: _____ Phone Number: _____

E-Mail Address: _____

Information Required for a Change

- All changes in household income and composition must be reported in writing within 10 days of the change. You will be required to provide proof of the change.
- Please attach proof of the change to this form. Failure to provide proof of your change may result in a delay in processing.

Section 2 – New income received by any member of the household:

Section 3 – Income no longer received by any member of the household:

Section 4 – Adding a household member:

- Name of additional household member: _____
- Relationship to you: _____

Section 5 – Removing a household member:

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- Name of household member: _____
- Address where this individual will be moving to: _____
- What date is this individual moving out? _____

Remember to attach documentation of your change! Your HCV Specialist will be in touch regarding your change request.

I hereby certify and affirm under penalties of perjury that the above statements are true and correct. I understand that the St. Paul Public Housing Agency may verify the statements herein, and I have no objections to such inquiries.

WARNING! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

Signature of Head of Household

Date