

**THE HOUSING & REDEVELOPMENT AUTHORITY OF OWATONNA
(Owatonna HRA)**

CHANGE(S) ONLY Notification Form

ANY CHANGE(S) MUST BE SUBMITTED IN WRITING WITHIN 10 DAYS OF YOUR CHANGE

SUPPORTING PAPERWORK FOR YOUR CHANGE IS REQUIRED

Head of Household Name:	Head of Household Social Security Number:
Address:	Email:
Home Phone Number:	Cell/Backup Number:

JOB / INCOME

MUST provide copies of 8 weeks paystubs or letters of employment, layoff letter, etc. for all income sources.	Household Member Name:	Employer Name AND Phone Number:	Choose <u>ONE</u> Job type: Current New Old
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FOOD/MFIP/DWP

MUST provide a copy of your benefit letter.	How much money / month: \$ _____	Benefit Type Cash, Food or Other (Specify)
	\$ _____	Benefit Type Cash, Food or Other (Specify)

CHILD SUPPORT

MUST provide last 12 months of child support history.	How much money / month: \$ _____	Who pays your child support?
		Name: _____ Address: _____

OTHER INCOME

<ul style="list-style-type: none"> • Social Security • Unemployment • Workers' Comp. • Retirement • Other Income MUST provide a copy of document or award letter.	Household Member Name:	Other Income/Money Source:
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CHILD CARE COSTS

MUST provide a copy of the benefit letter.	Name of Child Care Provider, address & phone #:	Your cost: \$
		Choose One: Weekly Monthly

HEAD OF HOUSEHOLD MUST SIGN & DATE ON THE BACK OF THIS FORM



