



Housing & Redevelopment Authority
of Virginia, Minnesota

INCOME CHANGE REQUEST

To request an adjustment to your rent, you must complete this attached form and return it with the supporting documentation within thirty (30) days of income change. Failure to report an increase in income within (30) days can delay your rent adjustment may require you to repay money to VHRA.

Residents must report, within 10 days, to the Landlord any of the following changes in household circumstances when they occur between Annual Rent Re-certifications:

1. A decrease in annual income.
2. Childcare expenses for children under the age of 13 that are necessary to enable a member of the household to be employed or to go to school.
3. Handicapped assistance expenses, which enable a family member to work.
4. Medical expenses of elderly, disabled, or handicapped head of households that are not covered by insurance.
5. Other family changes that impact their adjusted income.

Effective Date of Rent Change

The Landlord shall give the Resident a written and signed notice of any change in the Resident's rent. The notice will state the new amount the Resident is required to pay, and the effective date of the new rent amount. Effective dates of rent decreases and increases will be as follows:

1. Rent Decreases: The Landlord shall process rent decreases so that the lowered rent amount becomes effective on the first day of the month after the Resident reports the change in household circumstances. In instances where the change cannot be verified until after the date the change would have become effective, the change will be made retroactively. If the Landlord verifies that a decrease will last less than 30 days, the Landlord will not process the decrease.
2. Rent Increases: The Landlord shall process rent increases so that the Resident is given no less than 30 days advance written notice of the amount due

Type of Income Change	Documentation Required
New job(s)	Letter on employer's letterhead that includes - hire date, rate of pay, hours worked per pay period, OR 1 to 2 paystubs
Lost job	Letter on employer's letterhead stating stop work date Unemployment award letter or unemployment denial letter
Change in MFIP/GA/MSA	Benefit statement
Change in Child Support	Benefit statement Payment history from county (if available)
Social Security	Award letter or benefit statement





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This form WILL NOT BE ACCEPTED without the required documentation.

MUST attach the appropriate documentation to this form, according to what type of income change you are reporting (see front of form for instructions)

HOUSEHOLD INFORMATION	
Head of Household Name	Last Four Digits of Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	
Email	Phone

Remember, if you are requesting a decrease in your income, you will not be able to request another decrease until your annual recertification.

INCOME CHANGES – CHECK ANY THAT APPLY			
<input type="checkbox"/> Wages Increase is for a new job or job position change Decrease is for decrease in pay or loss of job	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount <input type="text"/> weekly <input type="text"/> bi-weekly <input type="text"/> semi-month
	Company Name <input type="checkbox"/> NEW JOB <input type="checkbox"/> STOP WORK		Company Phone
	IF YOU ARE ADDING A NEW JOB, IS THIS A 2ND JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are reporting a loss in wages, you must identify a source of replacement income: <input type="checkbox"/> Unemployment <input type="checkbox"/> MFIP (Welfare) <input type="checkbox"/> Looking for work <input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> MFIP/GA/MSA	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
<input type="checkbox"/> Child Support	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
<input type="checkbox"/> Social Security	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
<input type="checkbox"/> Other	Name of Household Member	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New Income Amount \$ _____ per month
	Please explain:		

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 my housing assistance.

Head of Household Signature: _____ Date: _____

