

# 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

Section 8 Worker \_\_\_\_\_

- I am dropping off paperwork requested by my worker – Complete Section 1.
- I am reporting a change – Check one of the options below and complete Section 1 & 2:
- Income    Household Composition    Both

#### Section 1 - Tenant Information

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 - Please explain your change:

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(Use back if more space is needed)

**Remember to attach documentation of your change!**

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