



RICHFIELD HOUSING AND REDEVELOPMENT AUTHORITY

STOP WORK Client Certification

Only Used when your employer will not provide a Stop Work Letter

Head of Household Name _____

Street Address _____

Richfield MN 55423

Social Security Number (last four digits) _____ XXX-XX-_____

I _____ hereby inform the Richfield HRA that I am no longer employed at _____.

The last date of employment was _____. As a participant of the Richfield HRA program I understand this is a self-reporting program and if there are any changes to my household status regarding new employment or any receipt of unemployment benefits from the employer listed above that I have 10 days to report such a change to the Richfield HRA to comply with the HRA reporting procedures.

SIGNED: _____
Person Completing the Form

DATE: _____

Name Of Head of Household _____

PLEASE RETURN TO:

Richfield HRA
Section 8
6700 Portland Avenue South
Richfield, MN 55423
FAX 612-861-8974
Email: section8@richfieldmn.gov

WARNING:

Section 1001 of the 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.