



Notice of Change Form

Name: _____ Date: _____
Social Security #: _____ Phone #: _____
Address: _____
Include City, State, Zip Code

REASON FOR CHANGE

SECTION A: IF YOU ARE ADDING OR REMOVING AN INDIVIDUAL FROM YOUR HOUSEHOLD, PLEASE COMPLETE THIS SECTION. YOU MUST PROVIDE ADDRESS OF PERSON REMOVING (I.E. NEW LEASE, TEXAS DRIVER'S LICENSE, ETC.)

ADDING **REMOVING**

Name: _____ Address: _____
SS #: _____ Race/Gender: _____ Date of Birth: _____ Relation: _____
Source of Income: _____ Signature of Person to be Added: _____
Name of Employer: _____ Address of Employer: _____

You may not allow anyone to move into your unit without written permission from your landlord and Fort Worth Housing Solutions. Birth certificates, social security cards, valid driver's license and signatures of all adults are required. Criminal background checks will be completed.

SECTION B: IF REPORTING A CHANGE IN INCOME, PLEASE COMPLETE THIS SECTION.

DECREASE **INCREASE** **CHILD SUPPORT** **CONTRIBUTIONS**
 TANF **NEW EMPLOYMENT** **SSI / SOCIAL SECURITY**
 UNEMPLOYMENT
 OTHER INCOME _____

Amount/Start Date of Unemployment

NEW EMPLOYER

OLD EMPLOYER

Employer Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Telephone #: _____
Hire Date: _____
Rate of Pay: \$ _____ Per Hour/Month/Year
Number of Hours Per Week: _____

Employer Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Telephone #: _____
Last Employed: _____
Reason for Leaving: _____

SECTION C: IF YOU HAVE A CHANGE IN DEDUCTION, PLEASE COMPLETE THIS SECTION.

Paying Child Care No Longer Paying Child Care Changed Child Care Provider Increase Medical Expense

Name of Child Care: _____ Name of Child Care: _____
Address: _____ Address: _____
Telephone#:(_____) _____ Telephone#:(_____) _____

THIS FORM MUST BE FILLED OUT AND RETURNED WITHIN 5 WORKING DAYS. PLEASE ATTACH ALL DOCUMENTATION TO SUPPORT YOUR CHANGE. NOTICE OF CHANGE WILL BE RETURNED IF INCOMPLETE AND YOUR APPLICATION / ASSISTANCE WILL BE WITHDRAWN IF FORM IS NOT RETURNED.

BY AFFIXING MY SIGNATURE TO THIS FORM, I CERTIFY THE PROVIDED INFORMATION IS CORRECT AND TRUE.

Client Signature _____ Date _____

Received by: _____ Date: _____ Client#: _____

