

NOTICE OF CHANGE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
Include City, State, Zip Code

Telephone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_



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 No: \_\_\_\_\_ 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 _____	Employer Name _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Telephone #: _____	Telephone #: _____
Hire Date: _____	Last Employed: _____
Rate of Pay: \$ _____ per Hour/Month/Year	Reason for Leaving: _____
Number of Hours Per Week: _____	

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 NOTICE OF CHANGE WILL BE RETURNED IF INCOMPLETE AND YOUR APPLICATION / ASSISTANCE WILL BE WITHDRAWN IF FORM IS NOT RETURNED.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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Client#: \_\_\_\_\_



FWHS Staff

PASS/Assisted Housing/Assistedhousingforms/forms