

You may complete and email this form to [hcvchanges@fwhs.org](mailto:hcvchanges@fwhs.org).

# RELOCATION REQUEST



CLIENT #: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(Street name/apt #)

\_\_\_\_\_  
(City, State & Zip Code)

## Please Check One:

- I would like to relocate.
- I have decided not to relocate.
- I would like to PORT outside of the Ft. Worth city limits.  
If so, to what housing authority would you like to transfer to?

\_\_\_\_\_  
(City and State to which you would like to TRANSFER)

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

## FWHS USE ONLY

CONTRACT EFFECTIVE DATE: \_\_\_\_\_

RECD BY: \_\_\_\_\_ DATE: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

CLIENT #: \_\_\_\_\_ APPT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



Revised January 15, 2020