

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 NOTICE OF CHANGE WILL BE RETURNED IF INCOMPLETE AND YOUR APPLICATION / ASSISTANCE WILL BE WITHDRAWN IF FORM IS NOT RETURNED.**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

