



**Southwest Florida Affordable Housing Choice Foundation**  
 4224 Renaissance Preserve Way, Fort Myers, Florida 33916  
 PHONE: (239) 344-3220 FAX: (239) 344-3273 TDD: (800) 955-8771

**CLIENT/APPLICANT UPDATE FORM**  
 PLEASE PRINT ALL INFORMATION CLEARLY

[ ] APPLICANT      [ ] BROADWAY/STELLA/COCONUT/COVINGTON

It is **YOUR RESONSIBILITY**, as an applicant or resident, to REPORT CHANGES in your ADDRESS, PHONE NUMBER, INCOME and/or FAMILY COMPOSITION, **IN WRITING**, directly to the Housing Authority. Changes must be reported within 10 calendar days of the change. Changes **will not** be accepted by phone.

Name: \_\_\_\_\_ SSN: XXX-XX \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Type of change being reported (circle): **Contact Info**    Preference    Income    Expense  
**Add or Remove Family Member**

***Complete the information below for changes only. Use additional form(s) if needed***

**CONTACT INFO:**

Head of Household	New Address: Street/City/State/zip Code	New Telephone Number

**PREFERENCE: Add or Remove**

Family Member w/ preference	Preference Type:

**INCOME: Add or Remove**

Family Member Name	Name & Address of Income Source	Amount received / weekly, bi-weekly, monthly, etc.
		\$ /
		\$ /

**EXPENSE: Add or Remove**

Expense Type (childcare, medical, etc.)	Name & Address of Service Provider	Expense amount / weekly, bi-weekly, monthly, etc.
		\$ /
		\$ /

**ADD / REMOVE FAMILY MEMBER:**

Family Member Name	Date of Birth	SSN	Relationship	Add or Remove

**NOTE:** You must attach documentation of any change. See acceptable forms of documentation below.

**FOR ADDITIONS TO YOUR HOUSEHOLD:**

- \* You must provide State issued Birth Certificate and Social Security Card.
- \*If the person to be added is a minor child, and you are not the biological parent, you must attach proof of custody/guardianship.
- \*If the person to be added is 18 or older, you must provide a State issued photo ID.
- \*For Section 8 participants, any addition to your household must be approved by your landlord- attach statement from landlord or copy of revised lease.

**FOR INCOME CHANGES:**

Statement from employer on company letterhead, check stubs, child support printout, DCF printout, proof of unemployment benefits, benefit letter (Social Security, VA, pension, etc), statement from anyone who contributes money or pays any of your bills (statement must include name, address, phone number, amount provided and how often), or any other documentation that SWFLAHCF determines acceptable.

I / We certify that the information provided herein is correct and complete the best of my / our knowledge.

By signing below, I / We also certify that I / We understand the following:

- Any changes reported may affect my placement on the waitlist.
- Giving incomplete information, or failing to provide required documentation may result in-
  - A retroactive rent amount due to the SWFLAHCF for any client caused delay
  - Withdrawal from any waitlist- for applicants

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse / Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>
Updated in SACS by:
Date Updated:
Date & Time received: