



**Housing Authority of the City of Fort Myers**  
 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 [ ] PUBLIC HOUSING RESIDENT [ ] SECTION 8 CLIENT

It is **YOUR RESPONSIBILITY**, 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.

Head of Household	SSN: XXX-XX-		
Address	City	State:	Zip:
Phone: (Home)	(Work)	(Cell)	

Type of change being reported (circle all that apply): **Contact Information** **Preference** **Income**  
**Expense** **Add/ Remove Member**

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

**CONTACT INFO:**

Head of Household	New Address Street Address, City, State, Zip	New Telephone Number

**PREFERENCE:**

Head of Household	Preference Type	Add or Remove

**INCOME:**

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

**EXPENSE:**

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

**ADD / REMOVE FAMILY MEMBER:**

Family Member Name	Date of Birth	SSN	Relationship	Add or Remove



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***Continued from other side*** ADD OR REMOVE FAMILY MEMBERS				Add or Remove
Name	DOB	SSN	Relationship	

- **You MUST attach all documents that support your reported change (s).**
- **Acceptable forms of documentation are;**

**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 REMOVING HOUSEHOLD MEMBERS:**

- \* You must provide a copy of the lease showing the new address of the removed household member.
- OR**
- \* State issued ID showing new address AND two (2) pieces of Official mail (bill, govt, etc) for new address.
  - \* If the person being removed is a minor, you must also provide a printout from the school showing the child’s new address, and a printout from DCF showing that child has been removed from household.

**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 HACFM 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 HACFM for any client caused delay
  - A delay in processing a rent reduction
  - 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/ Development / Section 8:</b>	<b>Date and Time Received:</b>
<b>Updated in SACS by:</b>	<b>Date Updated:</b>

Revised 10/2014



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