

Housing Authority of the City of Ft. Myers
 4224 Renaissance Preserve Way, Fort Myers, Florida 33916
 (239) 344-3220 FAX: (239) 344-3273 TDD: (800) 955-8771

OFFICE USE ONLY
Updated in SACS by: _____
Date Updated: _____
Date & Time received: _____

CLIENT UPDATE FORM
 PLEASE PRINT ALL INFORMATION

PUBLIC HOUSING RESIDENT **SABAL PALMS RESIDENT** **APPLICANT**

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 working days of the change. Changes **will not** be accepted by phone.

Name: _____ **Social Security or Client #:** _____
 First **MI** **Last**
Address: _____ **State:** _____ **Zip Code:** _____
Email Address: _____

ADDRESS OR PHONE NUMBER CHANGES					
Street	Apt#	City	State	Zip	
New Phone Number:	Home:	Work:	Message:		

INCOME CHANGES – You MUST supply complete names and address of income source		
Family Member Name Last First MI	Name and Address of employer and or Provider (company, welfare, SS...)	Monthly, Weekly, Hourly Amount Also Begin OR End Date (circle one)

CHILD CARE CHANGES	
Name of Child Care Provider: _____	
Address: _____	Phone Number: _____
Date Child Care Began: ____ \ ____ \ ____	Average Hour Per Week: _____
Amount You Pay \$ _____ per hour	per week bi-weekly monthly (must circle one)

REQUEST TO ADD OR REMOVE FAMILY MEMBER TO HOUSEHOLD COMPOSITION						
Indicate ADD or Delete Below	Name			Date of Birth	Social Security Number	Relationship
	Last	First	MI	Month Day Year		

Request Add Date: _____

Request Delete Date: _____

- Note: Birth Certificate, Social Security Card and any Income Verification must accompany this form.
- If you are REQUESTING the addition of a minor child you MUST PROVIDE GUARDIANSHIP PAPERS showing custody.
- If the person you are requesting to be added to your Lease is 18 years of age or older, you MUST SCHEDULE AN APPOINTMENT with your Property Manager.

Please ADD my name to the following Wait List:	(Date & Time received will be used)
Please REMOVE my name from the following Wait List:	

I understand that any changes reported may affect my placement on the Wait List(s).

If you give INCOMPLETE INFORMATION, DO NOT SIGN the form or FAIL TO PROVIDE COMPLETE VERIFICATION, one of the following MAY apply:

1. If you are reporting an upward change in your income and you DO NOT report the change within the required 10 days, therefore causing a delay, YOU MAY OWE A RETROACTIVE RENT AMOUNT.
2. If you are reporting a downward change in your income YOUR RENT WILL BE REDUCED THE MONTH FOLLOWING THE RETURN OF THE VERIFICATION.
3. For Applicants, if you fail to complete this form IN FULL your APPLICATION WILL BE WITHDRAWN FROM THE WAITLIST.

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

Signature Head of Household

Date:

Signature Other Adult

Date:

Signature Other Adult

Date: