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William O. Russell III President & CEO

269 S. Osprey Ave. Sarasota, FL 34236

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Your change is **NOT** considered reported until this form is completed and is received by the Housing Authority. In order to process your change effective on the 1<sup>st</sup> of the following month, you **MUST** submit supporting documents pertaining the change. Failure to follow the proper procedures will result in NO change.

Name of family member that you are reporting a change for: \_\_\_\_\_

Started working  Stopped working  Hours Decreased  Hours Increased  Leave without pay

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address of Employer \_\_\_\_\_ Fax Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Started paying childcare  Stopped paying childcare  Childcare Increased/Decreased

Childcare Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Provider Mailing Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Benefits Started  Benefits Stopped  Benefits Decreased  Benefits Increased

What type of benefit changed \_\_\_\_\_ (attach proof of change)

Child over 18  started school or  stopped school and is a fulltime student (attach printout from registrar)

Tenant Name \_\_\_\_\_ Date \_\_\_\_\_

Tenant Phone Number \_\_\_\_\_ Email \_\_\_\_\_

"We are committed to providing quality affordable housing to enhance the lives of our residents and promote independence."

