



Tel 941.361.6210

Fax 941.366.4661

TTY 1.800.955.8771

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 1st 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."





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GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Head of Household Name: FirstName LastName

I, the above named individual, have authorized the Sarasota Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources:

- | | |
|------------------------------|------------------------------|
| Veteran’s Administration | Attorneys |
| Employers (past and Present) | Pensions/Insurance/Annuities |
| Welfare Agencies | Unemployment Agency |
| Registry of Motor Vehicles | Banks/Financial Institutions |
| Law Enforcement Agencies | Department of Revenue |
| Courts | Medical Care Providers |
| Child Care Providers | Credit Reporting Bureaus |

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

Sarasota Housing Authority
269 S Osprey Avenue Suite #100
Sarasota, FL 34236
Fax (941) 366-4661

I understand that a photocopy of this authorization is as valid as the original and that this form is valid for a period of 18 months from the date that it is signed.

Tenant / Applicant Signature

Date

Other Adult Member

Date

Other Adult Member

Date

Other Adult Member

Date