HOUSING AUTHORITY OF THE CITY OF AUSTIN
1124 South IH 35, Austin, TX 78704

ASSISTED HOUSING UPDATE FORM
Phone (512) 477-1314
Fax (512) 494-0686

Instructions: Fill out form completely & submit with income verification/ documentation.

Head of Household	**Social Security No.**
Address, City, State, Zip Code	

Phone #	**Work#**	**Message#**

Are you an FSS Participant? ☐ **YES** ☐ **NO**

HACA has a NEW policy that may not require you to report your change. If you are only reporting:

- **An *increase* in your employment income, benefit amounts, and/or assets; OR**
- **A cost of living adjustment (COLA) in social security, TANF, and/or Veteran Assistance,**

You DO NOT need to complete this form. Your changes will be processed at your next annual re-exam. THANK YOU!

☐ ***Check all that apply***	***WHAT ARE YOU REPORTING?***			
☐ ***New*** **Employment**	**Family Member Name:**	**Rate/wage per hour**	**Hours per week**	**Source Of Income Contact Information**
	1.			
	2.			
☐ **Employment Decrease**	**Family Member Name:**	**Rate/wage per hour**	**Hours per week**	**Source Of Income Contact Information**
	1.			
	2.			

☐ ***New*** **Benefit** **Social Security, Unemployment, Child Support, TANF, VA Pension, Family Contribution**	**Family Member Name:**	**Type of Benefit:**	**Amount Per Month:**
	1.		
	2.		
☐ **Benefit Decrease**	**Family Member Name:**	**Type of Benefit:**	**Amount Per Month:**
	1.		
	2.		

☐	**Medical Expenses**	**Amount per month $**	
☐	**Childcare Expenses**	**Amount per month $**	**Contact Information:**
☐	**Removing Family Member**	**Name:**	
☐	**Adding Family Member**	**Name:**	**Is this a live-in aide?** ☐ **Yes** ☐ **No**
☐	**Request for a bedroom upgrade**	**The New bedroom size requested is _____**	
☐	**Change in Student Status**	**Name:** ☐ **Full Time**	☐ **No longer full time**

X _____ **X** _____

Signature of Head of Household ***Date***

My Eligibility Specialist/Coordinator is: