ASSISTED HOUSING UPDATE FORM

Phone (512) 477-1314 Fax (512) 494-0686

HOUSING AUTHORITY OF THE CITY OF AUSTIN 1124 South 1H 35, Austin, TX 78704

Insti	ructions: Fill out	form com	pletely & subm	nit with inc	ome verific	ation/ do	ocumenta	ition.		
Head of Household								Social	Social Security No.	
Add	ress, City, State, Zip	Code								
Pho	ne #			Work#	Message#					
Are	you an FSS Participa			Yes	No					
Q	TAKE NOTICE	An incA cost	NEW policy that may not require you to report your change. If you are only reporting: crease in your employment income, benefit amounts, and/or assets; OR t of living adjustment (COLA) in social security, TANF, and/or Veteran Assistance, need to complete this form. Your changes will be processed at your next annual re-exam. THANK YOU!						<u>.</u> ,	
	Check all that a	pply		NHAT ARE	YOU REP	ORTING	?			
	<i>New</i> Employment	Family Member Name		New Rate/wage per hour		New Ho	Employer Name:		Employer Name:	
	. ,	1.								
	Employment	2.		New Rate/wage		New Ho	ours per			
	Decrease	-	Member Name		per hour		ek	Employer Name:		
		1. 2.								
	New Benefit Social Security,	Family Member Name:			1	Type of Benefit:			Amount Per Month:	
	Unemployment, Child Support, TANF,	1.								
	VA Pension, Family Contribution	2.								
	Benefit Decrease	Fa	mily Member Name:		Type of Benefit:		Amount Per Month:			
		1.								
		2.								
	Medical Expenses Childcare Expenses		Amount per month \$							
			Amount per month \$		Contact Information:					
	Removing Family Member		Name:							
	Adding Family M	ember	Name:				Is this a live-in aide? Yes No			
	Relationsh		Is this pers					lder? Yes No		
	Request for a bedroom upgrade		The New bedr	The New bedroom size requested is						
	Change in Student Status Name:		Name:				Full T	Full Time No longer full time		
X							X			

Signature of Head of Household

My Eligibility Specialist/Coordinator is:

Date

035 Update Form.docx Updated on 09-01-2016