

Lee County Housing Authority (LCHA)
14170 Warner Circle, North Fort Myers, FL 33903

Phone: 239.997.6688 Fax: 239.997.7970

TTY:(800) 955-8771

CLIENT/APPLICANT UPDATE FORM PLEASE PRINT ALL INFORMATION CLEARLY

[]A	PPLICANT [] PU	BLIC HOUSI	NG	[] SECTION 8	
It is YOUR RESPONSIBILINUMBER, INCOME and/or Inchanges must be reported with	AMILY COMPOSITION	N. IN WRIT	TNG dir	rectly to the Housing Author	rity
Head of Household	X.	9		SSN: XXX-XX-	
Address		City		State: Zip:	
Home Phone:	(W	ork)		(Cell)	
Email address:					
		Expen	ise A	Preference Income Add/Remove Member tional form(s) if needed.	2
CONTACT INFO:	New	Address			
Head of Household		Street Address, City, State, Zip		New Telephone Number	
F		,,2		T P	
PREFERENCE:	2 mil 9	6		= 1	
Head of Household		Preference Type			
1				6	
INCOME: ADD REMOVE	- 1				
Family Member Name	Name & Address of Income Source		Amount received/weekly, bi- weekly, monthly, etc.		Add or Remove
			\$	1	
*			\$	/	
EXPENSE: ADD/REMOVE					
Expense Type (childcare, medical, etc.)	Name & Address o Provider			ense amount/weekly, bi- veekly, monthly, etc.	Add or Remove
		10	\$	1 .	
			\$	1	





Family Member Name	Date of Birth	SSN	Relationship	Add or Remove
		I have cheen	255	
<u> </u>	***Continued f	rom other side***		
NOTE: You must attach	documentation of a	ny change. See	acceptable forms	ot .
locumentation below.				
OR ADDITIONS TO YOUR	HOUSEHOLD:	(#3		
Vou must provide State issu	ed Birth Certificate and	Social Security C	ard.	/ £
If the person to be added is a	minor child, and you a	re not the biologic	al parent, you must at	tacn proof o
ustody/guardianship. If the person to be added is 1	8 or older, you must pro	ovide a State issue	d photo ID.	
For Section 8 participants, a	ny addition to your hous	sehold must be ap	proved by your landlor	d- attach
tatement from landlord or co	ppy of revised lease.	in 1	9 50 70	
OR REMOVING HOUSEH	the lease showing the ne	w address of the r	emoved household mer	nber.
VI		IL MINITED OF ANY		
You must provide a copy of				
OR State issued ID showing new	v address AND two (2) n	ieces of Official m	ail (bill, govt, etc.) for	new address.
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