



PHILIP HUANG, MD, MPH
DIRECTOR

Appointment Request Form

Date: _____

Case Manager: _____

It is the responsibility of the family to report any change in household income and/ or family composition to Dallas County Housing Agency in writing within ten (10) days of the occurrence. Any changes will not be considered to be reported until the participant has signed a lease agreement amendment which reflects the reported change. You must continue to pay your portion of rent until you receive the lease agreement amendment of the effective date of the change.

Reason for appointment request:

Change of Income: (ex: any increases, decreases, new employment or benefits, separation from employer, etc.) Indicate your change (include name & number of employer, if applicable): _____

Change in Family Composition: (ex: persons moving in or out, marriage, newborns, or deceased, etc.) Indicate your change: _____

Deductions: (ex: childcare for children under 13 years old, medical expenses if head of household or spouse is disabled, etc.) Indicate your change: _____

Other: _____

CLIENT CONTACT INFORMATION

Head of Household: _____ Phone # _____

Address: _____ City/ Zip _____

Email address: _____