



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: \_\_\_\_\_