



Community Assistance

CHANGE OF ADDRESS

NAME: _____
Last, First, Middle

Social Security #: _____ Phone (____) _____

Resident Address: _____
Street Address

City, ST Zip Code

Mailing Address (if different): _____

Previous Address: _____

LIST BELOW ALL **GROSS INCOME** YOU AND/OR ALL ADULT HOUSEHOLD MEMBERS ARE CURRENTLY RECEIVING:

EMPLOYERS NAME _____ PHONE: _____

ADDRESS _____

WAGES/SALARY \$ _____ PER MONTH UNEMPLOYMENT \$ _____ PER MONTH

A.F.D.C. \$ _____ PER MONTH CHILD SUPPORT \$ _____ PER MONTH

V.A.PENSION \$ _____ PER MONTH SOCIAL SECURITY \$ _____ PER MONTH

S.S.I \$ _____ PER MONTH

OTHER INCOME \$ _____ PER MONTH SOURCE _____

\$ _____ PER MONTH SOURCE _____

Signature: _____ Date: _____

110 West Rich Avenue
DeLand, FL. 32120-4210
(386) 736-5955 (West Volusia)
(386) 254-4648 (Daytona Beach)
(386) 423-3375 (New Smyrna Beach)