

Tarrant County Housing Assistance Office
2100 Circle Drive, Ste. 200
Fort Worth, TX 76119

MOBILITY ASSISTANCE REQUEST

Name of Voucher Holder: _____ Date: _____

Current Address (*Street, City, State, Zip Code*): _____

Telephone Number: _____ Number of family members: _____

Voucher Size: _____ Voucher Expiration Date: _____

Check all that apply to your need for mobility assistance.

- | | |
|---|--|
| <input type="checkbox"/> Proximity to Employment | <input type="checkbox"/> Unsatisfactory Rental Payment History |
| <input type="checkbox"/> Proximity to Child Care Provider | <input type="checkbox"/> Proximity to Service Provider/Social Services |
| <input type="checkbox"/> Proximity to Transportation | <input type="checkbox"/> Proximity to Transportation |
| <input type="checkbox"/> Proximity to Schools | <input type="checkbox"/> Proximity to Employment |
| <input type="checkbox"/> Other: _____ | |

Are special accommodations needed? Yes No

If YES, please explain.

Do you have a location preference: Yes No

Location: _____

Referral

Completed by: _____ Date: _____