



Riverside County Department of Public Social Services

**TENANT CHANGE NOTICE TO RIVERSIDE COUNTY
HOMELESS PROGRAMS UNIT**

TENANT MOVE IN

Tenant Name:	_____
Address:	_____
Date of Initial Occupancy:	_____

Attached:

- Verification of Homelessness
- Verification of Disability, if applicable
- Verification of HQS
- Lease Agreement

TENANT MOVE OUT

Tenant Name:	_____
Address:	_____
Last Date of Occupancy:	_____

Project Name

Agency

Name and Title

Signature

Date

FOR COUNTY USE ONLY:

Date Received: _____
HQS Date Completed: _____
Initial Occupancy Date: _____