

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: \_\_\_\_\_