



Riverside County Department of Public Social Services  
**TENANT CHANGE NOTICE TO RIVERSIDE COUNTY  
HOMELESS PROGRAMS UNIT**

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**TENANT MOVE OUT**

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

**TENANT MOVE IN**

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

**Attached:**

- Homeless Certification
- Disability Certification for Permanent Housing
- Rent Calculation

X \_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_ *Title & Organization*

Grant #: \_\_\_\_\_

**FOR COUNTY USE ONLY:**

Date Received: \_\_\_\_\_  
HQS Date Completed: \_\_\_\_\_