

HAB REQUEST FORM

Name _____ Phone # _____ Caseworker _____

I am requesting the following from my caseworker:

Rent Verification Form for Office of Public Assistance (circle one)

FAXED _____ MAILED _____ Left at front desk
Fax number Address

Security Deposit Assistance Letter (circle one)

FAXED _____ Left at front desk
Fax Number

Copy of most recent Rent Determination Notification (circle one)

MAILED _____ Left at front desk
Address

Schedule an Appointment

I can be reached at _____ Best time to contact me _____
Phone # Morning/Afternoon

Phone call from caseworker to answer questions

I can be reached at _____ Best time to contact me _____
Phone # Morning/Afternoon

Request a printed rent receipt for the month of: _____

Other (please explain) _____

Review of Rent Determination (supervisor will perform)

NOTE: The requested information will be available within 24 hrs

Signature

Date

Time