

---

## DOCUMENTATION REQUEST

Name of Caseworker: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

---

This is to verify that I would like to request a printout/copy regarding *(check all that apply)*:

- Rent amount paid by tenant and/or MHA
- Utility Check amount

How do you want this information forwarded to you? *(Choose **one** of the following)*

- Leave at the front desk for me to pick up
- Mail to me at the addresses listed above

***Please note that any request(s) for documentation must be made at least 24 hours in advance. More advance notice is necessary if information requested is to be mailed to you.***

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Please return form to:** Section 8 Office  
Macon-Bibb County Housing Authority  
PO Box 4928  
Macon GA 31208-4928