



Section 8 Office
2015 Felton Avenue
PO Box 4928
Macon, GA 31208

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 Housing Authority
PO Box 4928
Macon GA 31208-4928