



APPOINTMENT REQUEST FORM

In order to review your request for an appointment, please complete the section entitled "To Be Completed by Head of Household" and provide the completed request form to your Leasing Specialist. A representative will communicate with you regarding the processing and status of your appointment request within 5 business days.

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household Name	Client ID Number	Representative
Address	PHILA, PA City, State	Zip Code
Home/Cell Phone: _____	Email: _____	
Head of Household Signature	Date	

Reason for Appointment Request (select all that apply)

Income Decrease – I am requesting an appointment because an adult member of the household has experienced a loss or reduction of income. Please indicate which source of income has changed:

- | | |
|--|---|
| <input type="checkbox"/> SSI/Social Security | <input type="checkbox"/> Employment Wages |
| <input type="checkbox"/> DPA/TANF | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Other (explain) _____ | |

Income Increase – I am requesting an appointment because an adult member of my household has experienced a increase in income. Please indicate which source of income has changed:

- | | |
|--|---|
| <input type="checkbox"/> SSI/Social Security | <input type="checkbox"/> Employment Wages |
| <input type="checkbox"/> DPA/TANF | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Other (explain) _____ | |

Removing Household Member – I need to remove a member of my household because they no longer reside in the unit

Adding Household Member – I need to add a member of my household due to:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Birth / Adoption / Court Order | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Other (describe): _____ | |

Head of Household change (Includes deceased HOH)

Increase/Decrease in Medical Expense/Medical Insurance Premium

Increase/Decrease in Childcare Expense

Copy of my lease

Missed Recertification Appointment

FOR PHA USE ONLY

Yes No N/A

- | | | | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is this income change required for a homeownership update? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the request outside of the recertification period? (120 days prior to the recertification effective date) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Has the family had a voluntary interim recertification in the last six months? (MTW Only) |

Request reviewed by: _____
Representative Name

Date