



## 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
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**Income update is required for the following program(s):**  Family Self Sufficiency (FSS)  Homeownership  
**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**

**Name Change**

**Hardship Waiver Request** – I am requesting an appointment because I have a hardship

<input type="checkbox"/> Financial Hardship from Minimum Rent Exemption	<input type="checkbox"/> Limit on Interim recertification Exemption
<input type="checkbox"/> Deduction Exemption	<input type="checkbox"/> Rent Review
<input type="checkbox"/> Alternate Utility Allowance Program (CRP) Exemption	

### FOR PHA USE ONLY

<b>Yes</b>	<b>No</b>	<b>N/A</b>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is this income change required for a Homeownership or FSS 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 requested a voluntary interim recertification in the last six months? (MTW Only)

\*\*Exempt for elderly and disabled households

Request reviewed by: _____	Date
Representative Name	Date