



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

DEPARTMENT OF LEASED HOUSING and SECTION 8

CUSTOMER SERVICE REQUEST

CUSTOMER INFORMATION

Tenant Applicant Landlord Other (General Customer)

| | |
|----------------|-------------------|
| DATE: | COUNSELOR NAME: |
| YOUR NAME: | |
| DATE OF BIRTH: | SOCIAL SECURITY#: |
| ADDRESS: | |
| TELEPHONE#: | EMAIL: |

SERVICE REQUEST INFORMATION

| Type of Action Request | Request Is Regarding Status of |
|--|--------------------------------|
| Appointment | Submitted Information |
| Call | RFTA Packet (new admission) |
| Email | Move Request |
| Service (i.e. stop payment, etc.) | Waiting List Application |
| Information (i.e. address change, etc.) | Annual Recertification |
| Complaint <input type="checkbox"/> Check if Inspection Complaint | Interim/Income Change |
| Other (specify below) | Inspection |
| | HAP/UAP Payment |
| | Other (specify below) |

PLEASE DESCRIBE NATURE OF REQUEST

I need someone to contact me regarding (please be as clear, concise and detailed as possible. Use the back of this form if additional space is needed. Please attach any additional necessary documentation with this form concerning this matter):

