



REQUEST FOR INTERIM RENT CHANGE

Date of Request: _____

Tenant Name: _____ **Address** _____

City, State _____ **Zip** _____ **Phone** _____

Reason for Request : _____

Current Income Sources: _____

Additional Information: _____

The undersigned hereby certifies that in accordance with all rules of the Housing Choice voucher program the information supplied by the tenant herein is accurate and complete. The undersigned understands that misrepresentation of these facts is grounds for eviction. Signed Under the pains and penalties of perjury:

Date : _____ **Signature:** _____

STOCKBRIDGE HOUSING AUTHORITY

PO BOX 419, 5 PINE STREET
STOCKBRIDGE MA 01262

PH: 413-298-3222 FAX: 413-298-3844
EMAIL: STOCKBRIDGEHA@GMAIL.COM

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: XXX-XX-_____

I, the above named individual, have authorized Stockbridge Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify):

Wages, Cash, Lottery winnings, Alimony, Banks, Interest, Dividends, CDs, Stocks, Bonds, Income from trust or inheritance, Foster Care, Regular contributions, Unemployment compensation, Schools, Colleges, Social Security, SSI, SSDI, AFDC, General Relief, Veterans Administration, Child Support, DOR, Child Support Agencies, Child Care, Child Care Providers, Veterans Benefits, Pensions, Employers, Medical expenses, Medical Insurance, and other.

I hereby give you my permission to release this information to the Stockbridge Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Stockbridge Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

SIGNATURE

DATE

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE ABOVE DATE.

