



Communication and Document Receipt Form

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

1. Are you a: ☐ Tenant ☐ Landlord ☐ Other: \_\_\_\_\_

2. (Tenants) Is this Regarding a: ☐ Recertification ☐ Change During the Year (Interim)  
☐ Moving ☐ Porting-in to DCA ☐ Other \_\_\_\_\_

3. Landlord Name (if applicable): \_\_\_\_\_ Last 4 of SSN/Full EIN: \_\_\_\_\_

4. Name of DCA Staff Person to receive Communication \_\_\_\_\_

**TENANTS ONLY** – REQUESTED ACTION

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Annual Recert paperwork      | <input type="checkbox"/> Foreclosure               | <input type="checkbox"/> Birth Certificate     |
| <input type="checkbox"/> Income Increase              | <input type="checkbox"/> Lease                     | <input type="checkbox"/> Hearing Request       |
| <input type="checkbox"/> Income Decrease              | <input type="checkbox"/> Annual/Special Inspection | <input type="checkbox"/> Lease Amendment       |
| <input type="checkbox"/> Proof of Childcare           | <input type="checkbox"/> Request to Move           | <input type="checkbox"/> Request to Port Out   |
| <input type="checkbox"/> TANF/Food Stamp Verification | <input type="checkbox"/> Separation Notice         | <input type="checkbox"/> Social Security Cards |
| <input type="checkbox"/> Eviction Notice              | <input type="checkbox"/> Tenant Briefing Info      | <input type="checkbox"/> Other _____           |

**LANDLORDS ONLY** – REQUESTED ACTION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Annual/Special Inspection | <input type="checkbox"/> Change of Ownership       | <input type="checkbox"/> Lease Amendment            |
| <input type="checkbox"/> Change of Address         | <input type="checkbox"/> HAP Contract Execution    | <input type="checkbox"/> Rent Increase              |
| <input type="checkbox"/> Change of Banking Info    | <input type="checkbox"/> Lease                     | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Landlord Web Access       | <input type="checkbox"/> W9/1099 Request or Change | <input type="checkbox"/> Request for Approval (RTA) |
| <input type="checkbox"/> Payment Inquiry           | <input type="checkbox"/> Eviction                  | <input type="checkbox"/> Landlord Briefing Info     |

MESSAGE:

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Signature of Person

Received By