



**Housing Authority of the County of Chester**

30 West Barnard Street, Suite 2

West Chester, PA 19382

Phone 610-436-9200 \* Fax 610-436-9203

www.haccnet.org

**Housing Specialist:** \_\_\_\_\_

**Request Form**

**Request Information**

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Type of Request:

- Move Request     Portability Request     New Employment     Income Decrease  
 Income Increase     Change in Household

Reason for Request:

***\*Please attach all supporting documentation for all changes to income and household composition. Failure to provide supporting documentation will result in a delay in processing.***

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date