Section A. Explanation

HABC policy on processing time for routine requests is 30 days and 45 days for complex requests starting from the date of receipt and tracking number assignment.

This written request allows Section 8 Housing Choice Voucher participants to be provided with requested documentation or information that this agency has on file. This agency can withhold certain records pertaining to medical history and certain insurance information from disclosure pursuant to 119.071(5)(f), F.S.

No telephone requests will be accepted. Please be as specific as possible as to what documents you want. If you don't know the exact title of the documents, please provide a reasonable description of the documents to shorten processing time. You have the option of emailing this request to <u>s8tenants@habc.us</u>; otherwise, please mail or fax your request to:

Housing Authority of Brevard County Section 8 Administration 1401 Guava Avenue Melbourne, FL 32935 Facsimile: (321) 775-1549/1550

Your request will be logged in as received and assigned a tracking number. Please refer to that number if you need to reach the Section 8 Administration office for any reason.

If you require assistance with completing this form please contact the HABC Melbourne office at 321-775-1592

Requestor Information			
Section 8 Participant Name			
Mailing Address - Street	City	State	Zip
Talankana	Email (Ontional)		
Telephone	Email (Optional)		
Continue D. D.			
Section B. Document Type Please select all that apply:			
\square Birth Certificate(s)			
Contract Lease Agreement Amendment (Tenant Rental Amount Portion)			
□Lease Agreement			
□Rent Receipt(s)			
□Social Security Award Letter			
□Social Security Card(s)			
Utility Bill(s)			
□Voucher			
Other:			
Please select how you would like to receive your documents:			
Section C. For Internal Use Only			
Date Received: Assign	nment Number:		

