

CLIENT # _____

HOUSING AUTHORITY OF THE COUNTY OF COOK
175 W. JACKSON BLVD SUITE 350
CHICAGO IL 60604-3042
(312) 663-5447

REQUEST FOR INTERIM (AIO)

Tenant name: _____ Phone: _____

Address: _____ Email: _____

City/Zip: _____

____ I would like to report a change in income :(explain) _____

____ I would like to ADD / REMOVE this person from my voucher:
(circle one)

Name: _____ Name: _____

Birthdate: _____ Birthdate: _____

Relationship: _____ Relationship: _____

____ I would like to appeal my rent for the month of _____ because: _____

____ Other: (explain) _____

I understand that the adjustment I have requested is optional and that the HACCC has full authority to deny my request.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE