

**FORT COLLINS HOUSING AUTHORITY**  
**Request for Information**

This form is to be used when a program participant wishes for a copy of information contained in the participant's file. The participant must allow at least 24 hours for Fort Collins Housing Authority staff to process the request.

Today's Date: \_\_\_\_\_

Time of Request: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Name of Specialist to provide information: \_\_\_\_\_

Program of Participant: \_\_\_\_\_

**Please indicate the information you are requesting:**  
*(HCV: Housing Choice Voucher, PH: Public Housing)*

- |  |  |
|--|--|
| <input type="checkbox"/> HCV Rent Portions Letter / PH Rent Amount | <input type="checkbox"/> HCV Request for Tenancy Approval (RFTA) |
| <input type="checkbox"/> Copy of Lease                             | <input type="checkbox"/> Copy of Housing Choice Voucher          |
| <input type="checkbox"/> PH Rent Receipt for Month of: _____       | <input type="checkbox"/> Other: _____                            |

**Mark the box that best describes where you want this information to be placed / sent:**

Please leave this information at the **front desk**; I will pick it up once I am contacted at: \_\_\_\_\_  
Phone Number

Please **fax** this information to: \_\_\_\_\_ at \_\_\_\_\_  
Name of Recipient Fax Number

Please **mail** this information to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print the name and mailing address of the person to receive this information.

Please remember the requested information will be released on the next business day. A copy of this request will be added to your file.

\_\_\_\_\_  
Current Household Member Signature

\_\_\_\_\_  
Current Household Member Printed Name