



Susan L. Carleton
Executive Director

Beverly Housing Authority

137 (Rear) Bridge Street Beverly, MA 01915
Phone: (978) 922-3100 Fax: (978) 921-2121



Equal Housing Opportunity

HEAD OF HOUSEHOLD: _____
(Please print name clearly)

REQUEST FOR RENT ADJUSTMENT

PLEASE SPECIFICALLY EXPLAIN THE TYPE OF CHANGE TO YOUR HOUSEHOLD INCOME OR COMPOSITION AND ATTACH ALL SUPPORTING DOCUMENTATION INCLUDING BUT NOT LIMITED TO PAYSTUBS, BENEFIT AWARD LETTERS, EMPLOYMENT TERMINATION LETTERS, AND CHANGES TO STUDENT STATUS, IN THE EVENT OF A BIRTH--BIRTH CERTIFICATES, SOCIAL SECURITY CARDS.

FAILURE TO PROVIDE THE INFORMATION REQUESTED INCLUDING AUTHORIZATION TO VERIFY THE SAME WILL CAUSE A DELAY AND POSSIBLE FAILURE TO COMPLETE YOUR ADJUSTMENT.

IF YOU HAVE AN ADULT HOUSEHOLD MEMBER (17+ YEARS OF AGE) WHO ENROLLS IN SCHOOL AS A FULL TIME STUDENT OR IS NO LONGER A FULL TIME STUDENT YOU MUST REPORT THE CHANGE IMMEDIATELY BY FURNISHING BHA WITH LETTER VERIFYING STATUS.

TYPE OF CHANGE:

INCREASE IN GROSS FAMILY INCOME (Explain in Detail): _____

DECREASE IN GROSS FAMILY INCOME (Explain in Detail): _____

CHANGE IN HOUSEHOLD COMPOSITION (Explain in Detail): _____

OTHER (SPECIFY): _____

I hereby authorize the Beverly Housing Authority to verify the above-mentioned changes.

Tenant Signature

Date

Address

Phone Number

City/State/Zip

Email Address





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GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the Beverly Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify):

CRIMINAL HISTORY SYSTEMS BOARD
 PERSONAL REFERENCES
 LANDLORD REFERENCES
 SOCIAL SECURITY
 PENSIONS/ANNUITIES
 SALARIES/W AGES
 DISABILITY BENEFITS
 WORKERS COMPENSATION
 CREDIT REPORT
 OTHER _____

TRANSITIONAL ASSISTANCE
 UNEMPLOYMENT BENEFITS
 SUPPORT/ALIMONY PAYMENTS
 VETERAN'S BENEFITS
 FINANCIAL INSTITUTIONS
 LIFE INSURANCE
 MEDICAL EXPENSES
 CHILDCARE EXPENSES
 SCHOOL VERIFICATION

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

Signature

Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.