



Spanish Coalition for Housing
HCV Programa de Seccion 8
4035 W North Ave, Chicago, Illinois 60639
773-276-7633 Fax 773-276-2105

REQUEST FOR REGISTRATION NUMBER/STATUS OF APPLICATION-

TO: SECTION 8 INTAKE / WAITING LIST DEPARTMENT
1000 S WABASH AVE
CHICAGO IL 60605

I AM REQUESTING FOR THE FOLLOWING INFORMATION BE SENT TO ME BY MAIL: ESTOY SOLICITANDO LA INFORMACION SIGUIENTE QUE SEA ENVIADA POR CORREO:

- COPY OF MY SECTION 8 NUMBER / COPIA DE MI NUMERO DE SECCION 8
- STATUS OF MY SECTION 8 APPLICATION / LA CONDICION DE MI APPLICACION
- CHANGE ADDRESS / COMBIO DE DIRECCION

DATE/ FECHA: _____

REGISTRATION # / # REGISTRACION: _____

SS # / # DE SS: _____ -- _____ -- _____

DOB / FECHA DE NACIMIENTO: _____

NAME / NOMBRE _____

CURRENT ADDRESS / DIRRECCION _____

CITY, STATE, & ZIPCODE: _____ / _____ / _____

Check here if the above is a new address – Old address: _____

Marque aqui si es una nueva direccion – Direccion Veja: _____

Telephone/ # Telefono: (____) _____ -- _____

X _____
APPLICANT SIGNATURE/FIRMA DEL SOLICITANTE

Office Site: NS SS SE Staff Initials: _____