

Request Form for Printout of Payment History

Form must be filled out COMPLETELY to process

Your Name: _____ Today's date: _____

Your Social Security #: _____ Your Daytime Phone #: _____

You are (circle one): Payer Payee

Docket #: List all to be included

Name of other party (not children): List all to be included

Name of housing agency requesting printout:

Your complete address for mailing:

*Printout will be mailed within 5
business days. Sorry, it cannot be
faxed nor sent to anyone else.

Months to be included: (Circle one) 1 2 3 6 12 Other: _____

**** Only one free printout is allowed per year. All others will require an up-front payment of \$3 for one docket or \$5 for multiple dockets.**

Your signature: _____