



Berkeley Housing Authority

REQUEST TO SCHEDULE APPOINTMENT

Date: _____ Name of Requestor: _____

Check One - I am:

- Section 8 Program Participant Property Owner/Agent
- Waitlist Applicant
- Other _____

Address: _____

Phone: _____ Email: _____

NOTE: Most questions/concerns can be handled by email or phone call. BHA staff will contact you by phone/email to see if your question can be handled more efficiently via phone or email. Thank you.

Please Indicate Staff:

<input type="checkbox"/> Tyra Pumphrey Reception Desk/Unit Listing	<input type="checkbox"/> Krystal Coleman Inspections Desk
<input type="checkbox"/> Lynda DeShazier Housing Specialist, Client last name begins with: A, B, C, D, K, L, O	<input type="checkbox"/> Tilda Barnes Housing Occupancy Supervisor, New Contracts/ Portability/ Mod. Rehab SRO Program
<input type="checkbox"/> Tracy Jackson Housing Specialist, Client last name begins with: E, F, G, H, I, J, M, N	<input type="checkbox"/> Rachel Gonzales-Levine Acting Executive Director
<input type="checkbox"/> Althea Maybon Housing Specialist, Client last name begins with: Mc, P, Q, R, S, T, U, V, W, X, Y, Z	<input type="checkbox"/> Finance/Accounting Staff: <input type="checkbox"/> Jayla Fuentesilla <input type="checkbox"/> Maggie Wang <input type="checkbox"/> Jesy Yturalde
<input type="checkbox"/> Celinda Aguilar-Vasquez Admin. Assistant/FSS Coordinator/Acting Management Analyst	

Reason for Appointment: _____

(use back of page if needed)