



MEMORANDUM

**HOUSING SERVICES DEPARTMENT
FAIRFIELD HOUSING AUTHORITY UNIT**

ASSISTANCE CONNECT (AC) TECHNICAL SUPPORT REQUEST

Please submit this request only after your efforts to update your AC account do not work

Landlord name: _____ Landlord's SS/Tax I.D. number: _____

Agent name (if applicable): _____ (please note, if you are representing the owner, we may request for a management agreement, if one is not already on file)

Agent's SS/Tax I.D. number: _____

Assistance Connect PIN #: _____

Name of a participant: _____

Subsidized address: _____

Type of request:

1) Change Password

Describe issue: _____

2) Unable to access AC account

Describe issue: _____

3) Update email address

Describe issue: _____

I am a Landlord

Agent: if agent, a management agreement must be submitted
(FHA staff will make request if needed)

Signature of Request

Date

Print Name / Title of request

Date