

**CHIPPEWA HOUSING AUTHORITY
PAINT REQUEST FORM**

Program: _____

Tenant Name: _____ **Phone #:** _____

Tenant Physical Address: _____

CHA only provides White paint every three years per Occupancy Policy.

Indicate Number of Gallons needed and please keep in mind you will only receive paint for one room at a time.

For Office Use Only:

of Gallons Given

Tenant Rec'd

Living Room: _____

Kitchen: _____

Dining Room: _____

Hallways: _____

Bedroom #1: _____

Bedroom #2: _____

Bedroom #3: _____

Bedroom #4: _____

Bedroom #5: _____

Bathroom #1: _____

Bathroom #2: _____

Other: _____

_____ Approved _____ Disapproved _____ Charge _____ No Charge

If disapproved, reason _____

Tenant Signature

Date

CHA Representative

Date