



Chippewa Housing Authority

554 Chicog Street • PO BOX 187 • Lac du Flambeau, WI 54538
PH (715) 588-3348 • FX (715) 588-7935 • ldfcha.org

Tenant Request Form

Head of Household (**HOH**) or Member Name: _____

Unit Address: _____

Phone / Message #: _____

Requesting: _____

HOH or Member Signature

Date

Approved

Denied

Reason: _____

Occupancy Specialist Signature

Date

Executive Director Signature

Date

Important: You must provide proof of your identity if requesting records. If you are an authorized representative of a tenant or applicant, you must provide proof of authorization, such as a signed Release of Information form. There may be charges for copies or scanned documents, plus postage if records need to be mailed. You will be notified of charges in advance. Payment is due before records are provided.