



Lac du Flambeau Chippewa Housing Authority
 554 Chicog Street
 P.O. Box 187
 Lac du Flambeau, WI 54538
 (715) 588-3348 www.ldfcha.org

Tenant Request for Unit Transfer

Tenant Name: _____

Address: _____

Phone Number: _____

Reason for Request (circle one):

Increase/Decrease in household Emergency Medical

One-for-One Swap Domestic Violence Other

Select the bedroom size for your needs:

- 1-2 bedrooms
 2-3 bedrooms
 3-4 bedrooms
 5 bedrooms

I am requesting a transfer from a ____ bedroom unit to a ____ bedroom unit. The circumstances/reasons as to why (please be as specific as possible): _____

(Use Additional Pages if needed)

“This Institution is an equal opportunity provide and employer”

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at https://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1440 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov





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Acknowledgements

- I. I understand that I am responsible for ALL costs associated with moving, including but not limited to; move out cleaning and any repairs needed due to damages, etc. to my current residence.
- II. I agree to pay for the move out costs as a condition for consideration of this transfer request and will sign a repayment agreement as soon as the final cost is assessed.
- III. I agree to provide paperwork (if required) to support my transfer such as but not limited to; police report, doctor confirmation, identification documents, etc.
- IV. I certify that I have no arrearages with my housing account or **ANY** Utility Companies. My current providers are:

Electric: _____	Acct #: _____
LP: _____	Acct #: _____
Water & Sewer: _____	Acct #: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Approved: Yes or No

If not approved, reason for decision: _____

CHA Representative: _____ Date: _____

CHA Executive Director: _____ Date: _____

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