



Lac Courte Oreilles Housing Authority
13416 W Trepania Road
Hayward, WI 54843
Phone (715) 634-2147
Fax (715) 634-5692

REQUEST FOR REMOVAL FROM OR ADDITION TO HOUSEHOLD

I, _____ hereby request that _____ be:
 (Head of Household) (Name)

Removed from Added to: _____ Temporarily _____ Permanently

the lease for the unit located at:

I understand that if I have asked to add a person to my household, the Lac Courte Oreilles Housing Authority must screen and verify all information about this person and approve this change in writing before this person can move into the unit.

Signed: _____ Date _____
 (Person being added)

Date of Birth (if adding) _____ SS# _____

Signed: _____ Date _____
Head of Household

FOR OFFICE USE ONLY

CRIMINAL BACKGROUND CHECK

Results of National/State Sex Offender Registry:

_____ Date _____

Results of local records check:

_____ Date _____

If applicant is/was not a local resident, check and indicate results of statewide screening:

_____ Date: _____

_____ Approved _____ Denied

If denied, reason:

Signed: _____ Date _____
 LCOHA Representative