



**Bloomington Housing Authority**

1007 North Summit, Bloomington, Indiana 47404  
812-339-3491 fax 812-339-7177

Date \_\_\_\_\_

**Client Concern**

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Issue(s) To Discuss** \_\_\_\_\_

---

---

---

---

---

---

---

---

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
**BHA Office Use Only**

**Advice or resolution to issue given to client** \_\_\_\_\_

---

BHA Staff Signature \_\_\_\_\_ Date \_\_\_\_\_