



**EXCEPTION FORM**  
Teton County Housing Authority

Please submit this form along with \$25.00 fee to Teton County Housing Authority.

Date Submitted \_\_\_\_\_  
Name of Applicant(s) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Name and contact information for complainant's representative \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grounds upon which exception is based \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action or remedy requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach proof that exception has been reviewed and approved by Homeowner's Association if applicable. Also attach any documentation that you would feel helpful to TCHA in making a decision.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

*Please attach extra pages if more space is needed*

*For TCHA use only*

\_\_\_\_\_

*Date Received*