

LAC DU FLAMBEAU CHIPPEWA HOUSING AUTHORITY

P. O. Box 187
Lac du Flambeau, WI 54538

(715) 588-3348 Office
(715) 588-7935 Fax



APPLICATION FOR HOUSING ASSISTANCE

DATE: _____ 20 _____

TIME: _____

INTRODUCTION

The goal of the **Lac du Flambeau Chippewa Housing Authority (LDFCHA)** is to provide clean, safe, adequate, and affordable housing for qualified "*FAMILIES*" and the "*ELDERLY*."

Rental and Homeownership programs are offered by the **Lac du Flambeau Chippewa Housing Authority** to qualified families with "*Low-Income*."

Applications are reviewed and ranked based on the information provided by YOU - THE APPLICANT.

SECTION 1 – Instructions

- 1.1. When filling out this application, please PRINT NEATLY and LEGIBLY with an **ink** pen (no pencil please).
- 1.2. Answer all the questions by filling in the desired response, marking the appropriate block, or providing the narrative responses.

- 1.3. To ensure you get the best possible chance for a unit, you will be required to provide certain documentation to support your claims. Those areas that require supporting documentation are so noted.
- 1.4. When requested to provide supporting documentation, please bring the originals to the LDFCHA Office. We will make copies, attach them to your application and return the originals to you.

SECTION 2 – General Information

2.1. Applicant's Name: _____
(Last Name) (First Name) (MI)

2.2. Martial Status: Married Single Separated Divorced Widowed

2.3. Applicant's CURRENT Mailing Address: _____
(BUILDING NUMBER, STREET NAME, APT. NUMBER, P.O. BOX NUMBER)

_____ _____ _____
(CITY) (STATE) (ZIP)

2.4. Applicant's CURRENT Telephone Number: (____) _____ - _____ (____) _____ - _____
(HOME) (WORK)

2.5. Are you currently living on the **LDF INDIAN RESERVATION**? YES NO

2.6. Ethnic Group most commonly associated with:

White Black Asian American Indian Alaskan Native Pacific Islander Hispanic

2.7. Is Applicant or Spouse (*Significant Other*) an **Enrolled LDF INDIAN**? YES NO

A. If YES, who is the Enrolled Member: _____ _____ _____
(LAST NAME) (FIRST NAME) (MI)

B. Date of Birth of Enrolled Member: ____ / ____ / ____
(MO) (DAY) (YR)

C. ENROLLMENT NUMBER: _____

HOUSING DEPT. USE ONLY. Verification of Enrollment Status by Staff.

(Signature & Date)

2.8. Is Applicant or Spouse (*Significant Other*) a **FIRST GENERATION DESCENDENT** of the YES NO
LDF Indian Tribe?

If YES, list the name of Tribal Member to whom you are related. _____

2.9. Is Applicant or Spouse (*Significant Other*) an **Enrolled Member** of another NATIVE AMERICAN YES NO
INDIAN TRIBE?

A. If YES, who is the Enrolled Member: _____
(LAST NAME) (FIRST NAME) (MI)

B. Name of the Band/Tribe and Location: _____
(TRIBE/BAND NAME) (CITY) (STATE)

C. Date of Birth of Enrolled Member: ____/____/____
(MO) (DAY) (YR)

D. ENROLLMENT NUMBER: _____

E. Verification of enrollment status by the Tribal Enrollment Clerk: _____
(Signature & Date)

2.10. Are you or any of other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months? _____ YES _____ NO
Household Members: _____

2.11. DISABLED / HANDICAPPED:

A. Is the Applicant or any member of the Household classified as "*LEGALLY DISABLED*" or "*HANDICAPPED*" as defined by the U.S. Federal Government? YES NO

B. If YES, who is the Disabled Member(s)? _____
(LAST NAME) (FIRST NAME) (MI)

(LAST NAME) (FIRST NAME) (MI)

C. What is the **nature** of the **DISABILITY / HANDICAP**? _____

D. Please provide the LDFCHA with a **COPY** of a **Doctors, State, or Federal Agencies Verification** of the Disability or Handicapped condition.

2.12. **PREGNANCIES:**

A. Is the Applicant or Spouse (*Significant Other*) currently pregnant? YES NO

If YES, please give the estimated Delivery Date: _____

B. If the birth of a child will affect determination of dwelling size (*Number or bedrooms*), written **verification** from a Physician will be required if move in is anticipated prior to birth of the new child.

2.13. **HOUSEHOLD COMPOSITION.** Please fill in ALL of the Information requested on the HOUSEHOLD COMPOSITION Form attached to this application.

A. Are all of the Family Member (s) listed on the HOUSEHOLD COMPOSITION Form CURRENTLY living with you? YES NO

If NO, please explain: _____

B. **CUSTODY OF MINORS:**

Do you the Applicant or Spouse (*Significant Other*) have LEGAL custody for all of the minor children listed on this application? YES NO

PROOF of Custody for minor children, OTHER THAN YOUR OWN, will be required in order to process this Application.

NOTE: In those cases where a final custody decision is pending, you will need **written verification from the Courts or a Government Agency** attesting to the custody relationship between you and the minor (s).

C. **SOCIAL SECURITY NUMBERS.** SSN's are required to verify a vast range of information relative to the processing of your application for Housing Assistance. Because of repeated problems with fraud and abuse by applicants (*i.e. using another persons SSN*), you are required to provide the LDFCHA with the "**original**" card issued by the Social Security

Administration for you, your spouse (*significant other*), and any children residing with you. These original cards are required because they link the individuals name with his / her SSN. The LDFCHA staff will make a copy, for our records, and return the original(s) to you.

SECTION 3 – Employment Data

- 3.1. Is the Applicant CURRENTLY Employed? YES NO
- A. If YES, please check one of the Following: Full Time Part-Time Temporary Seasonal
- B. What is your Employer's Name and Address: _____
(NAME OF COMPANY)

(BUILDING NUMBER, STREET NAME, APT. NUMBER, P.O. BOX NUMBER)

(CITY) (STATE) (ZIP)
- C. What is Your Position (*and/or*) Job Title? _____
- D. How long have you been employed there? _____ Years _____ Months _____ Weeks
- 3.2. Is your Spouse (*Significant Other*) CURRENTLY Employed? YES NO
- A. If YES, please check one of the Following: Full Time Part-time Temporary Seasonal
- B. What is his/her Employer's Name and Address: _____
(NAME OF COMPANY)

(BUILDING NUMBER, STREET NAME, APT. NUMBER, P.O. BOX NUMBER)

(CITY) (STATE) (ZIP)
- C. What is his/her Position/Job Title? _____
- D. How long has he/she been Employed there? _____ Years _____ Months _____ Weeks

SECTION 4 – Financial Information.

4.1. **HOUSEHOLD INCOME.** Please list **ALL** sources of income from **ALL** Household Members on the HOUSEHOLD INCOME form attached to this application.

4.2. **EXPENSES.** Please list **ALL** current HOUSEHOLD EXPENSES.

How much are you CURRENTLY paying for Rent ? (Per Week/Month/Year)	Anticipated amount to be spent for Child Care ? (Per Week/Month/Year)	Anticipated amount to be spent for Medical Expenses ? (Per Week/Month/Year)	Anticipated amount to be spent for Other ? (Per Week/Month/Year)
\$	\$	\$	\$

4.3. **PUBLIC GRANTS AND / OR HOUSING ASSISTANCE:**

- A. Have you the Applicant or your Spouse (*Significant Other*) received a Public Grant from any State/Federally funded housing program within the last five (5) years? YES NO
- B. Have you the Applicant or your Spouse (*Significant Other*) received Housing Assistance (*Example: Section 8 Voucher Program*) from any State / Federally funded housing program within the last five (5) years? YES NO
- C. If you answered YES to either (A) or (B), please Explain in detail:
-

4.4. **ASSETS.** List your **NET** family "**HOUSEHOLD**" Assets.

- A. **Physical Assets.** Do you the Applicant or your Spouse (*Significant Other*) own one of the Following:
- | | | | |
|---------------------------------|------------------------------|-----------------------------|---------------------------|
| (1) A Home? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Estimated Value: \$ _____ |
| (2) A Trailer Home/Mobile Home? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Estimated Value: \$ _____ |
| (3) Land? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Estimated Value: \$ _____ |
| (4) Vehicle? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Estimated Value: \$ _____ |

B. **Financial Assets.** Do you the Applicant or your Spouse (*Significant Other*) have one of the Following:

- | | | | | |
|-----|--------------------------|------------------------------|-----------------------------|-----------------------------|
| (1) | A Checking Account? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Estimated Balance: \$ _____ |
| (2) | A Savings Account? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Estimated Balance: \$ _____ |
| (3) | Certificates of Deposit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Estimated Balance: \$ _____ |
| (4) | Stocks / Bonds? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Estimated Balance: \$ _____ |

4.5. **CREDIT CHECKS.**

- A. If you are applying for a homeownership program, financial institutions and / or program guidelines may require a credit check.
- B. You are encouraged to contact the LDFCHA Compliance Manager and have him/her make that determination for you.

HOUSING DEPARTMENT USE ONLY. A CREDIT CHECK ***IS / IS NOT*** REQUIRED UNDER THE TERMS & CONDITIONS OF THE _____ HOMEOWNERSHIP PROGRAM.

(Signature of Housing Department Compliance Manager)

(Date)

4.6. **CREDIT CARDS:**

- A. Have you ever had a credit card (*Visa, Master Card, Gas Co., Department Store, etc.*)? YES NO
- B. How would you best describe your PAST PAYMENT HISTORY (*last 12 - 18 Months*)?
- | | |
|---|--|
| <input type="checkbox"/> Not Applicable (<i>No Credit Cards in last 12 - 18 Months</i>) | <input type="checkbox"/> Excellent (<i>Always on time</i>) |
| <input type="checkbox"/> Satisfactory (<i>Normally on time</i>) | <input type="checkbox"/> Marginal (<i>Frequently late</i>) |
| <input type="checkbox"/> Poor (<i>Always late</i>) | |
- C. Are you willing to provide PROOF to support your credit worthiness statement? YES NO
- D. If YES, proof should accompany this application when you file it.

4.7. LOAN HISTORY:

- A. Have you ever had a loan from a Bank, Credit Union, Tribal Loan Fund or Car Dealer? YES NO
- B. How would you best describe your PAST PAYMENT HISTORY (*last 12 - 18 Months*)?
- Not Applicable (*No loan in last 12 - 18 Months*) Excellent (*Always on time*)
- Satisfactory (*Normally on time*) Marginal (*Frequently late*) Poor (*Always late*)
- C. Are you willing to provide PROOF to support your credit worthiness statement? YES NO
- D. If YES, proof should accompany this application when you file it.

4.8. WAGE ASSIGNMENT FORM:

- A. Are you the Applicant or your Spouse (*Significant Other*) willing to sign a Wage Assignment Form YES NO (*for your Employer*) to guarantee payment of rent to the **LDFCHA**?
- B. If Yes, ask the **LDFCHA** Staff for a Wage Assignment Form to fill out. Turn in the completed form with your Application.
NOTE: This WILL NOT be sent to your Employer until such time as you are processed for move-in.

4.9. REFERENCES: (*People that can verify your Credit Worthiness*) **MUST BE COMPLETED**

A. Personal:

_____	_____	_____	_____	(____) _____
(Last Name)	(First Name)	(MI)	(Address - City - State - Zip)	(Phone Number)
_____	_____	_____	_____	(____) _____
(Last Name)	(First Name)	(MI)	(Address - City - State - Zip)	(Phone Number)

B. Bank / Credit Union / Tribal Loan Fund:

_____	_____	(____) _____
(Name)	(Address - City - State - Zip)	(Phone Number)
_____	_____	(____) _____
(Name)	(Address - City - State - Zip)	(Phone Number)

SECTION 5 – Housing Data

5.1. Have you the Applicant ever rented a Private Home, Trailer Home or an Apartment? YES NO

5.2. Please explain in detail why you left your last place of residence: *(give reasons)*

5.3. Have you the Applicant or your Spouse (*Significant Other*) ever rented a Public or Indian Housing Authority (or **LDFCHA**) home or apartment? YES NO

A. If YES, list the approximate dates you occupied the unit? _____ TO _____
(Month/Year) (Month/Year)

B. If YES, please provide the information listed below:

(Name of Housing Agency)

(Mailing Address)

(City) _____
(State) _____
(Zip)

5.4. How would you best describe your PAST history (*last 12 - 18 Months*) of RENTAL PAYMENTS?

Not Applicable (*Never rented before*) Excellent (*Always on time*) Poor (*Always late*)

Satisfactory (*Normally on time*) Marginal (*Frequently late*)

Are you willing to provide the **LDFCHA** with proof / verification of your past ability to make rental payments in a timely manner? YES NO

NOTE: Proof in this instance includes such items as receipts, canceled checks, etc. that show consistency or a letter from your previous landlord attesting to your rental payment history.

5.5. Please provide the **LDFCHA** with the following information: **(MUST BE COMPLETED)**

PREVIOUS LANDLORD:

Name: _____
(Last Name) (First Name) (MI)

Mailing Address: _____
(House Number, Street Name, Apartment Number, P.O. Box Number, Etc.)

(City) (State) (Zip)

Telephone Number: (____) ____ - _____ Home (____) ____ - _____ Work

PRESENT LANDLORD:

Name: _____
(Last Name) (First Name) (MI)

Mailing Address: _____
(House Number, Street Name, Apartment Number, P.O. Box Number, Etc.)

(City) (State) (Zip)

Telephone Number: (____) ____ - _____ Home (____) ____ - _____ Work

5.6. Is there anything else we should know about your current living conditions?
(i.e. it is overcrowded, sub-standard, no plumbing, were evicted, the house burned down, etc.)

SECTION 6 – Special Considerations

6.1. Do any of the following apply to you the Applicant, your Spouse (*Significant Other*) or any other family member listed on this application? *(check all that apply)* //See Section 5 of the Admissions Policy for Details//

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| A. Ever Abandoned a rental unit? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| B. Have a history of confirmed DRUG or ALCOHOL ADDICTION / ABUSE? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| C. Have a history of Criminal Activity or Violent Behavior? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| D. Have Outstanding Debts owed to the: | | | | |
| Lac du Flambeau Chippewa Housing Authority? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Outstanding debts to previous landlords in the community? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Outstanding debts to another Public/Indian Housing Agency? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| E. Have a history of Destruction of Property? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| F. Have a history of Dealing Drugs? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| G. Have a history of Drug Possession? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| H. Have a history of Evictions? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I. Have a history of Failing to Cooperate (i.e. with supplying requested information)? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| J. Have a history of committing FRAUD? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| K. Have a history of GANG INVOLVEMENT? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| L. Have a history of Grossly Unsanitary or Hazardous Housekeeping? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| M. Have a history of Criminal Activity (Habitual Criminal)? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| N. Have a history of MEDICAL PROBLEMS? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

- O. Have a history of Misrepresentation? YES NO
- P. Have a history of Non-Compliance with Rental Agreements? YES NO
- Q. Feel you are Over Income (as defined by HUD) for Federally Subsidized Housing? YES NO
- R. Have a consistent, severe, or recent history of inability to meet financial agreements? YES NO
- S. Have a history of Rape, Prostitution or Sexual Deviation? YES NO
- T. Have a history of disturbing neighbors? YES NO
- U. Have a history of failing to meet Federal, State, or Tribal laws regarding Housing? YES NO
- V. Have a history of failing to adequately supervise Children or the Disabled in your care? YES NO
- W. Have a history of problems with Tenancy or Credit? YES NO
- X. Have a history of violent behavior? YES NO

6.2. If you answered yes to any of the questions in Paragraph 6.1, please explain in the space provided below:

SECTION 7 – Acknowledgments

- 7.1. I understand that I, my Spouse (*Significant Other*) and any other member listed on my HOUSEHOLD COMPOSITION Form who is over 18 years of age must submit to a CRIMINAL BACKGROUND CHECK as part of the Application Process. I also understand that I must pay the associated fees at the time this application is filed.
_____ (*Applicants Initials*)
- 7.2. I understand that units will be awarded as they become AVAILABLE. Failure to accept a unit WILL NOT result in my removal from the **LDFCHA** waiting list, however, it will result in my being dropped to the bottom of that list.
_____ (*Applicant's Initials*)
- 7.3. I understand that the attached HUD Form (HUD-9886) and **LDFCHA** Form, both titled "*Authorization for Release of Information*" will be used to verify the information that I have provided on this application.
_____ (*Applicant's Initials*)
- 7.4. I understand that **EXTENDED FAMILY MEMBER(S)** listed on this Application will not be taken into consideration when determining dwelling size eligibility.
NOTE: This policy has been necessitated due to persistent fraudulent claims by Applicant's seeking larger dwelling units. _____ (*Applicant's Initials*)
- 7.5. **I understand that this APPLICATION IS ONLY VALID FOR A PERIOD OF TWELVE (12) MONTHS.** If I do not come into the **LDFCHA** office to update my application prior to that six (6) month period elapsing, my **APPLICATION WILL BE MOVED TO THE INACTIVE FILE.** Should I still desire Housing Assistance from the **LDFCHA**, I must submit a new application.
_____ (*Applicant's Initials*)

SECTION 8 – Certification

I, affirm that the information provided on this APPLICATION FORM is true and correct to the best of my knowledge. I further understand that misrepresentation of facts constitutes **fraud** and could render me ineligible for housing.

(Signature of HEAD OF HOUSEHOLD)

(Date)

(Signature of SPOUSE residing in home)

(Date)

(Signature of Household Member over 18)

(Date)

(Signature of Household Member over 18)

(Date)

TO BETTER SERVE THE NEEDS OF OUR APPLICANTS AND TO PLACE THE APPLICANTS ON WAITING LISTS THAT FIT THEIR NEEDS, PLEASE INDICATE WHICH HOUSING PROGRAM YOU ARE INTERESTED IN APPLYING FOR:

NAHASDA LOW RENT PROGRAM

TOMAHAWK CIRCLE

LITTLE PINES I

LITTLE PINES II

LAKE OF THE TORCHES

THREE FIRES

KIISHKIMAAN

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE LDFCHA.

MAKE SURE YOU SIGNED YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN LDFCHA TRIBAL HOUSING PROGRAMS.

HOUSEHOLD COMPOSITION FORM

Names of Household Members <small>(Last, First, MI)</small>	Relationship to Applicant <small>(Husband,Wife,Son,Dau)</small>	Date of Birth <small>(MO/DA/YR)</small>	Place of Birth <small>(City/State)</small>	Full Time Student <small>(Yes/No)</small>	Disabled or Handicapped <small>(Yes/No)</small>	Social Security Number <small> / / </small>	Sex <small>(Male/Female)</small>	Tribal Affiliation, Citizenship or Alien Status
1	HEAD OF HOUSEHOLD					<small> / / </small>		
2						<small> / / </small>		
3						<small> / / </small>		
4						<small> / / </small>		
5						<small> / / </small>		
6						<small> / / </small>		
7						<small> / / </small>		
8						<small> / / </small>		

HOUSEHOLD INCOME FORM

Names of Household Members <small>(Last, First, MI)</small>	Wages, Salaries, Tips, Etc. <small>(Hr/Wk/Mo)</small>	Social Security Pension or SSI <small>(Per Month)</small>	TANF <small>(Per Month)</small>	General Assistance Payment <small>(Per Month)</small>	Foster Child Care <small>(Per Month)</small>	Kinship Care <small>(Per Month)</small>	Child Support Payment Received <small>(Per Wk/Mo)</small>	Other <small>(Amount)</small>
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$

TOTAL ANNUAL "HOUSEHOLD" INCOME: \$ _____

If you are receiving CHILD SUPPORT or FOSTER CARE, please provide the following:

Name of Agency: _____

Address of Agency: _____

*If you indicated you have **ZERO** income, please complete the APPLICATION ADDENDUM.*

NOTE: Social Security and W-2 Verifications must be provided by the applicant.

**AHTC Form 305
TENANT INCOME QUESTIONNAIRE**

To be completed by management:

Property Name: _____ Bldg/Unit # _____

_____ Initial Certification _____ Recertification _____ Other

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Social Security or Alien Reg. No.
1			HEAD		
2					
3					
4					
5					

Do you expect any changes to the household in the next twelve months? Y N

If yes, please explain _____

Telephone #: (_____) _____

Income Information

Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

	<small>(Circle Y or N)</small>			Monthly Gross Income
	Yes	No		
1	Y	N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <u>Name of Employer(s)</u> _____ _____ _____	\$ _____ \$ _____ \$ _____
2	Y	N	Self employed. (List nature of self employment) _____ _____	(use <u>net</u> income from business) \$ _____
3	Y	N	Cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the unit.	\$ _____
4	Y	N	Unemployment benefits and/or Worker's Compensation.	\$ _____
5	Y	N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6	Y	N	Social security payments.	\$ _____
7	Y	N	<u>Unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____

8	Y	N	Supplemental Security Income (SSI).	\$ _____
9	Y	N	Disability or death benefits other than Social Security.	\$ _____
10	Y	N	Public Assistance (examples: TANF, AFDC, W2)	\$ _____
11	Y	N	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources 1) _____ 2) _____	\$ _____ \$ _____
12	Y	N	Income from real or personal property. (examples: rental income, mortgage or tax payments paid by third-party)	(use net earned income) \$ _____
13	Y	N	Alimony/spousal maintenance payments.	\$ _____
14	Y	N	I am entitled to receive Child Support payments.	\$ _____
			If yes, then answer the following:	
	Y	N	a. I am currently receiving child support payments	\$ _____
	Y	N	b. I am not receiving any child support payments but it is court ordered that I do.	
	Y	N	Circle one: 1) I am not pursuing the payments for the following reasons: _____	
			2) I am making efforts to collect the child support owed to me. List efforts being made: _____	
15	Y	N	Section 8 rental assistance.	
16	Y	N	Income from a source other than those listed above. (Including Student Grants, Scholarships, etc.) If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____

Asset information Identify each asset, its value and rate of interest currently held by the household.

		<small>(Circle Y or N)</small>		Cash Value/ Balance	Interest Rate
Yes	No				
17	Y	N	Checking account(s).		
			If yes, list bank(s)		
			1) _____ 2) _____	\$ _____ \$ _____	_____% _____%
18	Y	N	Savings account(s).		
			If yes, list bank(s)		
			1) _____ 2) _____	\$ _____ \$ _____	_____% _____%

19	Y N	<p>Certificates of Deposit (CD) or Money Market Account(s).</p> <p>If yes, list sources/bank names</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p> <p>_____ %</p>
20	Y N	<p>Revocable trust(s).</p> <p>If yes, list bank(s)</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p>
21	Y N	<p>Real estate.</p> <p>If yes, provide description</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p>	
22	Y N	<p>Stocks, Bonds, or Treasury Bills.</p> <p>If yes, list sources/bank names</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p>
23	Y N	<p>IRA / Lump Sum Pension / Retirement / Keogh / 401(K) Account, etc.</p> <p>If yes, list sources/bank(s)</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p>
24	Y N	<p>Whole life insurance policy.</p> <p>If yes, how many policies _____</p> <p>List Sources</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p>
25	Y N	<p>More than \$500 cash on hand.</p>	<p>\$ _____</p>	
26	Y N	<p>Items held as an investment (antique car, coin collection, etc.)</p> <p>If yes, list items</p> <p>_____</p>	<p>\$ _____</p>	
27	Y N	<p>Safe deposit box.</p> <p>If yes, list contents</p> <p>_____</p>	<p>\$ _____</p>	

28	Y N	Disposed of assets (i.e. gave away money / assets) for less than the fair market value in the past 2 years.	\$ _____ \$ _____	
29	Y N	Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____	\$ _____ \$ _____	

Student Status

(Circle Y or N)
Yes No

30	Y N	Does the household consist of persons who have been (in the past year) or who are all part-time or full-time students (1 st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)?
31	Y N	Does anyone in your household anticipate becoming a full-time student household in the next 12 months?
32	Y N	<p>If you answered yes to either question 30 or 31, are you:</p> <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and entitled to file a joint tax return • Are you a single parent who is not claimed as a dependent of any other person? • Are any of the children in the household claimed as a dependent of any person other than the parent(s)? • Any student formally received Foster Care Assistance

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

LAC DU FLAMBEAU CHIPPEWA HOUSING AUTHORITY

P.O. Box 187
Lac du Flambeau, Wisconsin 55538

Phone (715) 588-3348
Fax (715) 588-7935

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE: The Lac du Flambeau Chippewa Housing Authority may use this Authorization and the information obtained with it to administer and enforce Tribal and Federally subsidized Housing program rules and policies.

PROGRAMS COVERED:

1. Rental Housing (NAHASDA, Rural Development 515, Tax Credit)
2. Homeownership Programs (Mutual Help)

AUTHORIZATION: I, authorize the release of any information, including documentation and other material pertinent to eligibility for participation under any of the above named programs. Additionally, I authorize the Lac du Flambeau Chippewa Housing Authority to obtain information about me or my family that is pertinent to eligibility for participation in any of the above named programs.

INFORMATION COVERED: Inquires may be made and information provided on the following:

W-2 Payments	G.A.P. Payments	Federal, State, Tribal or Local Benefits
Credit History	Criminal Activity	Family Composition
Medical Expenses	Identify Martial Status	Employment, Pensions and Assets
Social Security Numbers	Child Care Payments	Handicapped Assistance Expenses
Residents Rental History	Unemployment Compensation	Wages
Loan Paperwork (all types)	Mortgage Loan Approvals	Foreclosure Notices (on Loans)
Delinquency Notices (on Loans, Rent, Utilities, etc.)		

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION: Any individual or organization, including any governmental organization, may be asked to release information. Examples of such agencies/organizations are:

Financial Institutions (all types)	Welfare Agencies
Tribal/County/State/Federal Courts	Law Enforcement Agencies
Credit Bureaus	Employers (Past/Present)
Landlord(s) (Past/Present)	Schools and Colleges
U.S. Social Security Administration	U.S. Dept. of Veterans Affairs
Utility Companies	U.S. Dept. of HUD
Bureau of Indian Affairs (BIA)	U.S. Dept. of AG, Rural Dev.

PROVIDERS OF:

Alimony, child care, credit, child support, medical care, handicapped assistance, Pension, Annuities

CONDITIONS: I, agree that photocopies of this authorization may be used for the purpose stated above. I, also understand that if I do not sign this authorization for the release of information, I can be denied eligibility for Tribal and/or Federal Housing Assistance.

_____ (Head of Household Signature)	_____/_____/_____ (Social Security Number)	_____ (Date)
_____ (Spouse / Significant Other Signature)	_____/_____/_____ (Social Security Number)	_____ (Date)
_____ (Other Household Member - over 18 years of age -Signature)	_____/_____/_____ (Social Security Number)	_____ (Date)
_____ (Other Household Member - over 18 years of age -Signature)	_____/_____/_____ (Social Security Number)	_____ (Date)

NOTE: This authorization is effective for 15 months from the date of signature.

ADDENDUM TO HOUSING ASSISTANCE APPLICATION

The **Lac du Flambeau Chippewa Housing Authority (LDFCHA)** Admissions Policy includes a clause regarding ones ability to meet his / her monthly obligations. That paragraph is 2.10.C.(1) and it reads, in part, as follows:

*Applicants must be able to demonstrate (to the **LDFCHA's** satisfaction) that they have the financial resources necessary to meet their monthly obligations. This includes Security Deposits (typically \$100 minimum), Rent (\$0 minimum), Homebuyer Payments (**\$100** minimum Admin Fee), L.P. Gas, Electricity and other utilities as applicable.*

On your application, you indicated that you have **ZERO** income. This prompts us to ask how you intend to meet the financial obligations listed below. **Please identify the source(s) you intend to use.**

Security Deposit: _____

First Months Rent: _____

Monthly Rent
(beyond first month): _____

L.P. Gas Service: _____

Electricity: _____

I, affirm that the information provided here is true and correct to the best of my knowledge. I further understand that misrepresentation of facts constitutes **fraud** and could render me ineligible for housing.

(Signature of Applicant)

(Date)