Lac du Flambeau Chippewa Housing Authority
554 Chicog Street
P.O. Box 187
Lac du Flambeau, WI 54538
Phone: (715) 588-3348 Fax: 715-588-7935
www.ldfcha.org

LAC DU FLAMBEAU CHIPPEWA HOUSING AUTHORITY

HOUSING ADMISSION APPLICATION

PER CHA Admissions Policy §3 Application Process. 3.1 General. The application is the basic record or each family/person applying for Housing Assistance. Each applicant shall be required to provide ALL information requested on the application and to sign ALL necessary forms, documents, and certifications. Information and statements made by the applicant are subject to verification.

PER CHA Admissions Policy §3 Application Process. 3.5 Supporting Documents. When required to provide *supporting documentation*, applicant shall hand deliver the: **A. Originals**. They may hand deliver the *originals* to the CHA. CHA shall make copies, attach them to the application, and return the originals to the applicant.

REQUIRED ORIGINAL DOCUMENTS FOR ALL HOUSEHOLD MEMBERS

Your application will not be processed until all required original documents are submitted.

Identification Documents:

1. Birth Certificate
2. Social Security Card
3. State Issued ID
4. Tribal ID or Certificates of Enrollment

Income Documents:

1. 1 Month of Employment Paystubs
2. Most Recent Social Security/SSI Benefit Letter
3. 1 Month of Child Support or Kinship Payments
4. Document for Any Other Income Entered on Application

Other Documents, If Applicable:

1. Court Order RE Placement/Guardianship for Household Member(s)

PER CHA Admissions Policy §3 Application Process. 3.6 Examples of Information/Documents Required. B. Credit History. 1. ALL applicants, applying for *Homeownership Programs,* must have a satisfactory credit history.

PER CHA Admissions Policy §3 Application Process. 3.6 Examples of Information/Documents Required. C. Criminal Background Check. 1. Criminal Background Checks will be done on each applicant and adult (listed on the Household Composition form) who is/are seeking Tribal and/or Federal Housing Assistance through the Lac du Flambeau Chippewa Housing Authority.

PER CHA Admissions Policy §4 Application Review/Screening Process. 4.11 Application File Categories. C. Incomplete/Pending. 1. Applicants submitting an incomplete application shall be notified, and given time to submit the missing information. 2. Applicants are given 14 calendar days to respond. 3. If the information is *NOT* submitted within that 14 calendar day period, the applicant shall be placed in the inactive fie.

PER CHA Admissions Policy §4 Application Review/Screening Process. 4.12 Application Updates. 1. Applicant whose application is nearing the 12 month expiration date, shall be notified of the expiration date, by the Admissions Specialist. A. The notification shall be mailed (via first class mail) to the applicant, along with a new application form, at least two weeks prior to the expiration date. B. The *"Notification of Application Update"* form letter shall be used for this purpose. 2. Applicants shall be allowed two weeks to respond and update their applications.

Lac du Flambeau
Chippewa
Housing
Authority

554 Chicog Street
P.O. Box 187
Lac du Flambeau, WI 54538

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

Native American Housing Assistance and Self-Determination Act (NAHASDA) Project:

1. Low Rent

NAHASDA INCOME LIMITS								
United States Median Income % of Area Median Income "AMI" As of 06-11-2026	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80%	$59,850	$68,400	$76,950	$85,450	$92,300	$99,150	$106,000	$112,800

Rural Development (RD) Projects:

1. Kiishkimaan
2. Little Pines I
3. Little Pines II
4. Tomahawk Circle

RURAL DEVELOPMENT INCOME LIMITS								
Vilas County Median Income % of Area Median Income "AMI" As of 06-18-2025	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	$32,500	$37,150	$41,800	$46,400	$50,150	$53,850	$57,550	$61,250
50%	$52,000	$59,400	$66,850	$74,250	$80,200	$86,150	$92,100	$98,050
80%	$57,500	$64,900	$72,350	$79,750	$85,700	$91,650	$97,600	$103,550

Wisconsin Housing and Economic Development Authority (WHEDA) Projects:

1. LIHTC I – Remodels
2. LIHTC II – Rent to Own (Tree Haven)

WHEDA INCOME LIMITS								
Vilas County Median Income % of Area Median Income "AMI" as of 05-01-2026	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	$20,160	$23,040	$25,920	$28,800	$31,110	$33,420	$35,730	$38,040
50%	$33,600	$38,400	$43,200	$48,000	$51,850	$55,700	$59,550	$63,400
60%	$40,320	$46,080	$51,840	$57,600	$62,220	$66,840	$71,460	$76,080

"The Lac du Flambeau Chippewa Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, disability, or familial status."

Updated 06-26-26

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

Date Received:	_____
Time Received:	_____
Received By:	_____
Delivered To:	_____

HOUSING APPLICATION FORM

Please Select One: ☐1st Application ☐Application Update

Applying for LIHTC I Remodel Units? Yes☐ No☐ Applying for LIHTC II Rent to Own Units? Yes☐ No ☐

SELECT UNIT SIZE: ***(Check each that applies, do not request a unit that has more bedrooms than the number of people in your household)***

☐ 1 Bedroom ☐ 2 Bedrooms ☐ 3 Bedrooms ☐ 4 Bedrooms ☐ 5 Bedrooms

(If additional space is required for any section, please use the back of the applicable page.)

	Legal Name (First, Middle Initial, Last)	Relationship to Head of Household	Social Security Number #	DOB (Month, Day, Year)	Student K-12 or Higher YES	or	NO
1		Head of Household	___-___-___	___/___/___	☐		☐
2			___-___-___	___/___/___	☐		☐
3			___-___-___	___/___/___	☐		☐
4			___-___-___	___/___/___	☐		☐
5			___-___-___	___/___/___	☐		☐
6			___-___-___	___/___/___	☐		☐

GENERAL INFORMATION:

Applicant Name:_____ Daytime Phone: (_____)_____-_____

Physical Address:_____ Alternate Phone: (_____)_____-_____

Mailing Address:_____ Email Address: _____

City, State, Zip: _____Tribal Affiliation: _____ Tribal ID: _____

Emergency Contact:_____ Emergency Phone: (_____)_____-_____

RESIDENT HISTORY: *Please list all housing for the past two (2) years.*

YES **NO**

☐ ☐ Are you currently homeless? If *YES*, the AHP Homeless Certification Form must be completed.

Present Address:			Landlord Name:	
Street:		Own: ☐	Address:	
City:		Rent: ☐	City:	
Dates:	_____ to _____	Monthly Rent: $_____	Phone:	

Previous Address:			Landlord Name:	
Street:		Own: ☐	Address:	
City:		Rent: ☐	City:	
Dates:	_____ to _____	Monthly Rent: $_____	Phone:	

ALL QUESTIONS MUST BE COMPLETED AND VERIFICATION ATTACHED. Check YES or NO for the following:

YES NO

☐ ☐ Are you, or any person listed on page 1, a former CHA lease holder?

If YES, please provide the information below.

Name(s): _____ Address(s) of leased premises: _____

Do you, or any other person listed on page 1 owe arrears to the CHA for previous CHA lease(s)? YES - NO

If YES, name(s) _____ *Note: Ledgers showing amount owed are available upon request.*

PER CHA Admissions Policy §4 Application Review/Screening Process. 4.6 Notifications. C. Correctable Non-Acceptance (Not Eligible) Criteria. Summary: Applicants with debts are not immediately eligible for housing assistance but may become eligible by taking corrective action. If an applicant owes money to the CHA, another housing authority or agency, a landlord, WPS, or other utilities, they will be notified in writing via the Notification of Debt letter that their application cannot be processed until the debt is paid in full. Applicants are not placed on waiting lists until all debts are cleared. Once the debt is paid, the applicant must provide an original receipt or written confirmation from a service provider, which will be copied and filed with the application. Applications with pending verifications or unpaid debts may be temporarily withheld for up to three months; if the debt is not resolved within that time, the application is classified as ineligible.

PER CHA Admissions Policy §5 Rejection Criteria. D. Debt Obligations. Summary: Applicants with any unpaid amount owed to the CHA are not eligible for any CHA housing assistance programs. This includes unpaid balances owed to the CHA or other entities (such as Tribal or Federal programs, private landlords, or utility companies) from current or past housing. Eligibility is restored only after all debts are paid in full and there is reasonable assurance that the issues causing the nonpayment have been resolved, demonstrating the applicant's ability to meet future housing, rent, homebuyer, and related expenses on time. Former CHA leaseholders who leave owing arrears are ineligible for assistance until their debt is fully paid.

☐ ☐ Have you ever been convicted of a crime (*excluding traffic offenses*)?

If YES, please explain: _____

PER CHA Admissions Policy §5 Rejection Criteria. C. Criminal Activity. Summary: Applicants or household members with a history of criminal activity that threatens the safety or peaceful occupancy of others are generally ineligible for CHA housing assistance. Individuals convicted of violent crimes (e.g., murder, assault with a deadly weapon, rape, or any offense involving force) are permanently barred in line with HUD's "ONE STRIKE" policy. Those with lesser crimes (misdemeanors) may become eligible after a three year period with no further criminal activity, confirmed in writing by an appropriate agency. There are other exceptions to become eligible after a one year period, see policy for full details. Criminal history is determined through a background check**.**

☐ ☐ Have you ever been evicted? If YES, when and for what reason: _____

PER CHA Admissions Policy §5 Rejection Criteria. H. Evictions. Summary: Applicants who have been evicted for non-payment or non-compliance are ineligible for any CHA housing assistance for three years from the eviction date, and all related costs must be paid.

☐ ☐ Are you a registered sex offender?

PER CHA Admissions Policy §5 Rejection Criteria. R. Rape, Prostitution or Sexual Deviation. Summary: Applicants with convictions for rape, prostitution, or other sexual offenses are permanently ineligible for any housing assistance program managed by the CHA. These offenses include crimes such as rape, lewd behavior, sodomy, child molestation, carnal abuse, impairing the morals of a minor, prostitution, and similar sexual deviation crimes. Such convictions are typically identified through a criminal background check.

☐ ☐ Do you have any pets? If YES, provide the type and/or breed: _____

☐ ☐ Do require a handicap accessible unit or special accommodations (*i.e. 1st floor, grab bars, etc.*)?

If YES, accommodations needed: _____

☐ ☐ Do you certify this will be your primary place of residence?

☐ ☐ Are you a Veteran?

THIS PROPERTY MAY ENTITLE YOU TO AN ELDERLY/DISABLED DEDUCTION. IF YOU BELIEVE YOU QUALIFY, PLEASE "CHECK" THE BOX: ☐

(Check YES or NO) YES	NO	INCOME SOURCE	MONTHLY GROSS INCOME
☐	☐	EMPLOYMENT: Applicant Name: _____ Employer Name: _____ Address: _____ Phone: _____	Hourly Rate: $ _____ Monthly Gross: $ _____
☐	☐	EMPLOYMENT: Applicant Name: _____ Employer Name: _____ Address: _____ Phone: _____	Hourly Rate: $ _____ Monthly Gross: $ _____
☐	☐	SELF EMPLOYED: (Must attach last two years of tax returns.) Applicant Name: _____	$ _____
☐	☐	UNEMPLOYMENT BENEFITS: State in which benefits are paid: _____ Applicant Name: _____	$ _____
☐	☐	WORKERS COMPENSATION BENEFITS: Applicant Name: _____ Company Name: _____ Address: _____ Phone: _____	$ _____
☐	☐	PENSION, RETIREMENT, ANNUITY, INHERITANCE, INSURANCE OR LOTTERY PAYMENTS: Applicant Name: _____ Company Name: _____ Address: _____ Phone: _____ Policy Number: _____	$ _____
☐	☐	VETERAN ADMINISTRATION, GI BILL, NATION GUARD OR MILITARY BENEFITS: Applicant Name: _____	$ _____
☐	☐	SUPPLEMENTAL SECURITY OR SOCIAL SECURITY DISABILITY INCOME: (Attach most recent benefit notice that states gross pay amount.) Applicant Name: _____ Applicant Name: _____	$ _____ $ _____
☐	☐	DEATH BENEFITS: (Attach documentation) Applicant Name: _____ Applicant Name: _____ Applicant Name: _____	$ _____ $ _____ $ _____
☐	☐	UNEARNED INCOME (i.e. TRUST FUND etc.): (Attach documentation) Applicant Name: _____	$ _____
☐	☐	MAINTENANCE, SPOUSAL OR ALIMONY PAYMENTS: (Attach documentation) Applicant Name: _____ Address: _____ Phone: _____	$ _____
☐	☐	PUBLIC ASSISTANCE (Ex: TANF, AFDC, W2 etc.): (*Do not include food share*) Applicant Name: _____	$ _____

(Check YES or NO) YES	NO	INCOME SOURCE cont.	MONTHLY GROSS INCOME
☐	☐	PERCAP PAYMENTS: (If *ANNUAL*, please enter full annual amount) Applicant Name: _____ Tribal Agency: _____ Applicant Name: _____ Tribal Agency: _____	$ _____ $ _____
☐	☐	CHILD SUPPORT PAYMENTS: (Attach a copy of most current order) Agency: _____ Address: _____ ☐ I am not receiving payments but have a court order through: Agency: _____ Address: _____ ☐ I am currently pursing support through: Agency: _____ Address: _____ ☐ I am not pursing payments at this time for the following reason: _____	$ _____
☐	☐	CASH CONTRIBUTIONS OR OTHER SOURCE OF INCOME: (Attach documentation) Source: _____	$ _____

(Check YES or NO) YES	NO	STUDENT STATUS	MONTHLY GROSS INCOME
☐	☐	DOES THE HOUSEHOLD CONSIST OF CURRENT PART-TIME OR FULL-TIME STUDENTS? **(K-12 or higher)** Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____	
☐	☐	EDUCATION GRANTS, SCHOLARSHIPS OR OTHER:	$ _____
☐	☐	DOES ANYONE ANTICIPATE BECOMING A FULL-TIME STUDENT IN THE NEXT 12-MONTHS? **(K-12 or higher)** Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____	

(Check YES or NO) YES	NO	ASSETS	CASH VALUE BALANCE
☐	☐	Checking Acct Holder 1: _____ Checking Acct Holder 2: _____ Bank: _____ Bank: _____ Address: _____ Address: _____ Phone: _____ Phone: _____	$ -1 _____ $ -2 _____
☐	☐	Savings Acct Holder 1: _____ Saving Acct Holder 2: _____ Bank: _____ Bank: _____ Address: _____ Address: _____ Phone: _____ Phone: _____	$ - 1 _____ $ - 2 _____
☐	☐	CD'S MONEY MARKET, IRA'S OR OTHER NON-CHECKING ACCOUNTS: Account Holder Name & Bank: _____ Address: _____ Phone: _____	$ _____

(Check YES or NO) YES	NO	ASSETS cont.	CASH VALUE BALANCE
☐	☐	STOCKS, SAVINGS BONDS OR OTHER INVESTMENT ACCOUNTS BOUGHT OR SOLD IN THE PAST 12-MONTHS: (Attach documentation) Institute Name: _____ Address: _____ Phone: _____	$ _____
☐	☐	REAL ESTATE OR MOBILE HOME: (Attach a copy of most recent tax bill)	$ _____
☐	☐	LAND CONTRACT: (Attach a copy of contract and amortization schedule)	$ _____
☐	☐	PERSONAL PROPERTY HELD FOR INVESTMENT PURPOSE (*Includes jewelry, gems, coins, stamp collection, etc.*):	$ _____
☐	☐	OTHER ASSESTS (*Ex: Pre-paid debit cards etc.*): Have you sold, given away or transferred ownership of assets within the last two years for less than fair market value? Type: _____	$ _____

(Check YES or NO) YES	NO	DEDUCTIONS	MONTHLY AMOUNT
☐	☐	CHILDCARE FOR CHILD(REN) UNDER AGE 13: ☐ For work ☐ For school Provider Name: _____ Address: _____ Phone: _____	$ _____
☐	☐	☐ PRESCRIPTION ☐ DENTAL ☐ OPTICAL EXPENSE FOR PAST 12-MONTHS: (Attach copy of receipts) Provider Name: _____ Address: _____ Phone: _____	$ _____
☐	☐	PHYSICIAN/HOSPITAL CO-PAY FOR PAST 12-MONTHS: (Attach copy of receipts) Provider Name: _____ Address: _____ Phone: _____ Institute Name: _____ Address: _____ Phone: _____	$ _____

THE FOLLOWING SECTION ONLY APPLIES TO ELDERLY, HANDICAP OR DISABLED

(Check YES or NO) YES	NO	DISABILITY DEDUCTIONS	MONTHLY AMOUNT
☐	☐	MEDICARE PREMIUMS DEDUCTED FROM SOCIAL SECURITY:	$ _____
☐	☐	HEALTH INSURANCE PREMIUMS (Including Medicare Supplement, Medical Insurance, Dental Insurance, Medicare Part D, etc.): Provider Name: _____ Address: _____ Phone: _____ Policy: _____	$ _____

LDF CHA HOUSING APPLICATION SIGNATURE(S) PAGE

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTAND 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. I AUTHORIZE THE BORROWER/MANAGING AGENT TO INVESTIGATE ANY REFERENCES OR PERFORM ANY CREDIT/CRIMINAL/SEX OFFENDER CHECKS.

Each adult member of the household (18 years or older) must sign below.

PRINT NAME	SIGNATURE	DATE

Please indicate for each household member listed above and use the codes listed below:
The information regarding race ethnicity, and sex designation solicited on this application is required in order to assure the Federal Government, acting through Rural Development Housing Service and/or HUD that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religious, sex, familial status, age and handicap are complied with. You are not required to furnish the information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Rural Development only: If you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observance or surname.

Sex Code	Veteran Codes	Race Codes	Ethnicity Codes	Citizenship Codes
F-Female	**V**- Veteran	**W**-White	**1**-Hispanic/Latino	**1**-citizen by birth or naturalization
M-Male	**N**-Non-veteran	**H**-Native Hawaiian or other Pacific Islander	**2**-Non-Hispanic/Latino	**2**-U.S. national
		B-Black or African American		**3**-eligible immigrant over 62 yrs
		A-Asian		**4**-eligible immigrant other
		I-American Indian or Native American		

	Household Member	SEX	VETERAN	RACE	ETHNICITY	CITIZENSHIP
1.						
2.						
3.						
4.						
5.						
6.						

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

AUTHORIZATION FOR RELEASE OF INFORMATION

This Authorization is effective for 15 months from the date of signature.

Each adult member of the household (18 years or older) must sign below.

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 and or Emergency Financial Assistance Program Rules and or Policies.

PROGRAMS COVERED:

1. Rental Housing (NAHASDA, Rural Development 515, Tax Credit, etc.)
2. Home Ownership Programs (Lease, Purchase)
3. Financial Assistance Programs (U.S. Department of the Treasury, other Federal, State, Local, Tribal Dept.)

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: Inquiries may be made and information provided on the following;

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

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION: local, state, federal, governmental depts, but not limited to;

* Financial Institutions
* Credit Bureaus
* Landlords (former & present)
* U.S. Social Security Administration
* Utility Companies
* Bureau of Indian Affairs
* LDF Wellness Court
* Tribal/County/State or Federal Dept/ Courts
* Welfare Agencies
* Law Enforcement Agencies
* Employers (former & present)
* Schools & Colleges
* U.S. Dept of Vet Affairs
* U.S. Dept. of HUD
* U.S. Dept of A.G. & Rural Dev.
* Federally Recognized Tribes (Administrations & Depts)

PROVIDERS OF:

* Alimony
* Child Care
* Credit
* Child Support
* Medical Care
* Handicapped Assistance
* Pensions

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)	**(Print Name)**	____/____/____ **(Social Sec. Number)**	**(Date)**
(Spouse/Significant Other Signature)	**(Print Name)**	____/____/____ **(Social Sec. Number)**	**(Date)**
(OTHER Household Member Signature)	**(Print Name)**	____/____/____ **(Social Sec. Number)**	**(Date)**
(OTHER Household Member Signature)	**(Print Name)**	____/____/____ **(Social Sec. Number)**	**(Date)**
(OTHER Household Member Signature)	**(Print Name)**	____/____/____ **(Social Sec. Number)**	**(Date)**
(OTHER Household Member Signature)	**(Print Name)**	____/____/____ **(Social Sec. Number)**	**(Date)**