



LAC DU FLAMBEAU CHIPPEWA HOUSING AUTHORITY HOUSING RECERTIFICATION FORM

REQUIRED DOCUMENTS FOR ALL HOUSEHOLD MEMBERS 18 AND OVER:

- Income Verification: Submit 2 most recent consecutive pay stubs, verification paperwork for RE Unemployment, Social Security letter, etc.
- Asset verification paperwork (Bank, Debit card, Cash App)
- Deduction verification paperwork
- Medicare Deduction verification paperwork
- Court Order Placement/Guardianship for household member(s) when applicable

*** Your Recertification will not be processed until all required documentation is submitted.**

All questions must be answered – do not leave any questions blank.

You are required to complete a Recertification annually. Please ensure you are updating any mailing address / phone number changes.

*****Do not use whiteout, marker, or scribble on this form. Cross out, correct, and initial where changes are made*****

Pet Policy to be aware of;

Pet Policy – Multifamily units of 3 or more units (apartments) are not allowed to have pets unless deemed a service animal. Limit of 2 animals per household. \$100 Security Deposit per animal **(documents are required)**



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:	_____

HOUSING RECERTIFICATION FORM

PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED FOR QUESTIONNAIRE TO BE PROCESSED.

GENERAL INFORMATION:

Applicant Name: _____	Unit/Project ID: _____
Unit Address: _____	Daytime Phone: (____) _____ - _____
Mailing Address: _____	Alternate Phone: (____) _____ - _____
City, State, Zip: _____	Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____ Emergency Phone: (____) _____ - _____

HOUSEHOLD INFORMATION:

#	Legal Name (First, Middle Initial, Last)	Relationship to Head of Household	Social Security Number	DOB (Month, Day, Year)	Tribal ID#	Veteran YES or NO	
1		Head of Household	__-__-____	__/__/____		<input type="checkbox"/>	<input type="checkbox"/>
2			__-__-____	__/__/____		<input type="checkbox"/>	<input type="checkbox"/>
3			__-__-____	__/__/____		<input type="checkbox"/>	<input type="checkbox"/>
4			__-__-____	__/__/____		<input type="checkbox"/>	<input type="checkbox"/>
5			__-__-____	__/__/____		<input type="checkbox"/>	<input type="checkbox"/>
6			__-__-____	__/__/____		<input type="checkbox"/>	<input type="checkbox"/>

STUDENT INFORMATION: Are you or anyone in the household (including minors) currently attending school?

#	Student Name	Name of School	Status Full-Time or Part-Time	
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>

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

YES NO

- Are you a registered sex offender?
- Have you ever been convicted of a crime (*excluding traffic offenses*)? If YES, please explain: _____
- Have your ever been evicted? If YES, when and for what reason: _____
- 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.*)? _____
- Do you certify this will be your primary place of residence?

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

(Check YES or NO)		INCOME SOURCE	MONTHLY GROSS INCOME
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYMENT: Applicant Name: _____ Employer Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Applicant Name: _____ Employer Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	SELF EMPLOYED: (Must attach last two years of tax returns)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	UNEMPLOYMENT BENEFITS OR WORKERS COMPENSATION BENEFITS: Applicant Name: _____ Company Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	PENSION, RETIREMENT, ANNUITY, TRUST FUND, INHERITANCE, INSURANCE OR LOTTERY PAYMENTS: Applicant Name: _____ Company Name: _____ Address: _____ Phone: _____ Policy Number: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	VETERAN ADMINISTRATION, GI BILL, NATION GUARD OR MILITARY BENEFITS:	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	SUPPLEMENTAL SECURITY OR SOCIAL SECURITY DISABILITY INCOME: (Attach most recent benefits notice) Applicant Name: _____ Applicant Name: _____	\$ _____ \$ _____

(Check YES or NO)		INCOME SOURCE cont.	MONTHLY GROSS INCOME
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	DEATH BENEFITS: Applicant Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	PARTICIPANT IN FOSTER CARE: <i>(Attach a copy of most current order)</i>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	MAINTENANCE, SPOUSAL OR ALIMONY PAYMENTS: Applicant Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC ASSISTANCE (Ex: TANF, AFDC, W2, WIA etc.): <i>(Do not include food share)</i> <input type="checkbox"/> Receiving assistance through a job training program? <input type="checkbox"/> Receiving assistance under Title IV?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	PERCAP PAYMENTS: Applicant Name: _____ Tribal Agency: _____ Applicant Name: _____ Tribal Agency: _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	CHILD SUPPORT PAYMENTS: <i>(Attach a copy of most current order)</i> Agency: _____ Address: _____ <input type="checkbox"/> I am not receiving payments but have a court order through: Agency: _____ Address: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	CASH CONTRIBUTIONS OR OTHER SOURCE OF INCOME: Source: _____	\$ _____

(Check YES or NO)		STUDENT STATUS	MONTHLY GROSS INCOME
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	DOES THE HOUSEHOLD CONSIST OF PART-TIME OR FULL-TIME STUDENTS? (1 ST Grade or higher) Name: _____ Name: _____ Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION GRANTS, SCHOLARSHIPS OR OTHER:	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	DOES ANYONE ANTICIPATE BECOMING A FULL-TIME STUDENT IN THE NEXT 12-MONTHS? Name: _____ Name: _____	

(Check YES or NO)		ASSETS	CASH VALUE BALANCE
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	CHECKING ACCOUNT: Name of bank: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	SAVINGS ACCOUNT: Name of bank: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	CD'S MONEY MARKET, IRA'S OR OTHER NON-CHECKING ACCOUNTS: Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	STOCKS, SAVINGS BONDS OR OTHER INVESTMENT ACCOUNTS BOUGHT OR SOLD IN THE PAST 12-MONTHS: (Attach a copy) Institute Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	REAL ESTATE, MOBILE HOME, OR (Attach a copy of most recent tax bill) LAND CONTRACT: (Attach a copy of contract and amortization schedule)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL PROPERTY HELD FOR INVESTMENT PURPOSE <i>(Includes jewelry, gems, coins, stamp collection, etc.):</i>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	OTHER ASSETS <i>(Ex: Pre-paid debit cards etc.):</i> Type: _____	\$ _____

(Check YES or NO)		DEDUCTIONS	MONTHLY AMOUNT
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	CHILDCARE FOR CHILD(REN) UNDER AGE 18: <input type="checkbox"/> For work <input type="checkbox"/> For school Provider Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you paid for : <input type="checkbox"/> PRESCRIPTION <input type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL expenses in the past 12-MONTHS: (Attach copy of receipts) Provider Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN/HOSPITAL CO-PAY FOR PAST 12-MONTHS: (Attach copy of receipts) Provider Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	STOCKS, BONDS OR OTHER INVESTMENT ACCOUNTS BOUGHT OR SOLD IN THE PAST 12-MONTHS: (Attach a copy) Institute Name: _____ Address: _____ Phone: _____	\$ _____

THE FOLLOWING SECTION ONLY APPLIES TO ELDERLY, HANDICAP OR DISABLED

(Check YES or NO)		MEDICARE DEDUCTIONS	MONTHLY AMOUNT
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE PREMIUMS DEDUCTED FROM SOCIAL SECURITY:	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	HEALTH INSURANCE PREMIUMS (Including Medicare Supplement, Medical Insurance, Dental Insurance, Medicare Part D, etc.): Provider Name: _____ Address: _____ Phone: _____ Policy: _____	\$ _____

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
_____	_____	_____
PRINT NAME	SIGNATURE	DATE
_____	_____	_____
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.

- | | | | | |
|-----------------|----------------------|--|------------------------|--------------------------------------|
| <u>Sex Code</u> | <u>Veteran Codes</u> | <u>Race Codes</u> | <u>Ethnicity Codes</u> | <u>Citizenship Codes</u> |
| 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)

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;

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

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

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