

**Lac du Flambeau Chippewa Housing Authority**

554 Chicog Street

PO Box 187

Lac du Flambeau, WI 54538

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

www.ldfcha.org

Date Received: _____

Time Received: _____

Received By: _____

Delivered To: _____

HOUSING RECERTIFICATION FORM – OTHER ADULT

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

PROJECT NAME	UNIT NUMBER	PRIMARY HEAD OF HOUSEHOLD

SECTION 1: HOUSEHOLD COMPOSITION (OTHER ADULT)

LEGAL NAME (First, M.I., Last)	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SEC. NUMBER	DOB (Month, Day, Year)	TRIBAL ID #	VETERAN
					☐ Yes ☐ No

STUDENT INFORMATION

Student Enrolled in School	Enrolled in School: ☐ Yes ☐ No	Name of School: _____	☐ Full-Time ☐ Part-Time
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PHONE NUMBER	EMAIL ADDRESS	PREFERRED CONTACT
☐ Mobile ☐ Home		☐ Phone ☐ Email

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

- ☐ Female
☐ Male

Veteran

- ☐ Veteran
☐ Non-veteran

Race

- ☐ White
☐ Native Hawaiian or other
Pacific Islander
☐ Black or African American
☐ Asian
☐ American Indian or Native
American

Ethnicity

- ☐ White
☐ Non-Hispanic/Latino

Citizenship

- ☐ Citizen by birth or
naturalization
☐ U.S. National
☐ Eligible immigrant
over 62 yrs
☐ Eligible immigrant
other

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 you 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 accommodation (*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: ☐

SECTION 2: EARNED INCOME

INCOME CATEGORY	YES/NO	EMPLOYER / SOURCE	EST. MONTHLY \$
Employment (W-2) Standard payroll jobs	☐ Yes ☐ No	Employer Name: _____ Address: _____ Phone: _____	\$ _____
Self-Employment 1099, cash labor, business	☐ Yes ☐ No	_____	\$ _____
Gig Economy Uber, Lyft, DoorDash, Postmates	☐ Yes ☐ No	_____	\$ _____

SECTION 3: BENEFITS & FIXED INCOME

INCOME CATEGORY	YES/NO	SOURCE / DESCRIPTION	EST. MONTHLY
Social Security	☐ Yes ☐ No	Select Type(s): ☐ SSI ☐ SSDI ☐ Retirement ☐ Survivors	\$ _____
Pensions & Annuities Retirement paying out	☐ Yes ☐ No	_____	\$ _____
Child Support / Alimony State disbursed or direct pay	☐ Yes ☐ No	_____	\$ _____
Tribal Per Capita Distributions from Tribal Council	☐ Yes ☐ No	Tribal Agency: _____	\$ _____ Annually / Monthly

SECTION 3: BENEFITS & FIXED INCOME (CONTINUED)

INCOME CATEGORY	YES/NO	SOURCE / DESCRIPTION	EST. MONTHLY
Unemployment / Worker's Comp State benefits	☐ Yes ☐ No	_____	\$ _____
Veteran / Military Benefits	☐ Yes ☐ No	_____	\$ _____
Death Benefits Life insurance	☐ Yes ☐ No	_____	\$ _____
Foster / Kinship Care State disbursed or direct pay	☐ Yes ☐ No	_____	\$ _____

SECTION 4: SUPPLEMENTAL & OTHER INCOME

INCOME CATEGORY	YES/NO	SOURCE / DESCRIPTION	EST. MONTHLY
Plasma Donation Recurring/regular donations	☐ Yes ☐ No	_____	\$ _____
Survey Studies Disbursed or direct pay	☐ Yes ☐ No	_____	\$ _____
Investments - Sold Stocks, Bonds, 401(k), Market	☐ Yes ☐ No	_____	\$ _____ Lump Sum / Monthly

SECTION 5: ASSETS & DIGITAL WALLETS

ASSET CATEGORY	YES/NO	SOURCE / DESCRIPTION	CASH VALUE BALANCE
Checking Accounts	☐ Yes ☐ No	Name of Bank: _____	\$ _____
Savings Accounts	☐ Yes ☐ No	Name of Bank: _____	\$ _____
Digital Wallets CashApp, Venmo, PayPal, Zelle	☐ Yes ☐ No	_____	\$ _____
Prepaid Debit Cards Direct Express, NetSpend, Chime	☐ Yes ☐ No	_____	\$ _____
Investments Stocks, Bonds, 401(k), Market	☐ Yes ☐ No	_____	\$ _____
Real Estate Land Contract, Mobile Home	☐ Yes ☐ No	_____	\$ _____

SECTION 5: ASSETS & DIGITAL WALLETS (CONTINUED)

ASSET CATEGORY	YES/NO	SOURCE / DESCRIPTION	CASH VALUE BALANCE
Held Property for Investment Real Estate, Collectables	☐ Yes ☐ No	_____	\$ _____
Cash on Hand Kept in a safe or lockbox	☐ Yes ☐ No	_____	\$ _____

SECTION 6: DEDUCTIONS

DEDUCTION CATEGORY	YES/NO	SOURCE / DESCRIPTION	EST. MONTHLY
Childcare Expenses for child(ren) under 13 years old	☐ Yes ☐ No	Select Type(s): ☐ For Work ☐ For Education Provider: _____	\$ _____
Medical Expenses	☐ Yes ☐ No	Select Type(s): ☐ Prescription ☐ Dental ☐ Optical Provider: _____	\$ _____
Medical Co-Pay	☐ Yes ☐ No	Provider: _____	\$ _____

THE FOLLOWING SECTION ONLY APPLIES TO ELDERLY, HANDICAP OR DISABLED**SECTION 7: MEDICARE DEDUCTIONS**

DEDUCTION CATEGORY	YES/NO	SOURCE / DESCRIPTION	EST. MONTHLY
Medicare Premiums Part A or Part B etc.	☐ Yes ☐ No	_____	\$ _____
Health Insurance Premiums Medicare Supplement, Medicare Part D, Medical Insurance, Dental Insurance etc.	☐ Yes ☐ No	Provider: _____	\$ _____

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.

PRINT NAME_____
SIGNATURE_____
DATE



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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;

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

(Print Name)

(Signature)

(Social Sec. Number)

(Date)