



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

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

TENANT REQUEST FOR RECERTIFICATION FORM

PER CHA Occupancy Policy. Interim Re-Certifications shall occur when there are any changes in a tenant's Household Income/Household Composition which occurs in-between Initial Certification and/or Annual Re-Certifications. To facilitate the Interim Recertification process, tenants must complete the Tenant Request for Recertification Form.

Per CHA Lease. Tenant's Continuing Disclosure Obligations, information regarding loss to family composition of any Family member through birth, death, marriage or other continuing circumstance must be disclosed to the CHA within two weeks.

Tenant Name: _____ Leased Premises: _____
Please Print

Mailing Address: _____ Phone Number(s): _____

Request Due to Household Income Change: Yes No

Details of Change: _____ Date of Change: _____

Request Due to Household Composition Change: Yes No

I request to *remove* _____ DOB: ____/____/____ from my lease.

OR *If either request is for multiple people please list on separate sheet and attach.*

I request to *add* _____ DOB: ____/____/____ to my lease.

Please attach a copy of the Social Security Card, Birth Certificate, and State Issued ID when requesting to add a person. A background check will be completed when requesting to add a person that is 18 years of age and older.

Any other info: _____

Tenant Signature: _____ Date: _____

ALL SPACE BELOW IS OFFICE USE ONLY

Information Regarding Request to Add a Person 18 Years of Age and Older.

Background Check Date Completed: _____ Approved by Executive Director: Yes No

If not approved, reason(s) for decision: _____

Date Interim Re-Certification Completed: _____ Date Signed by Tenant: _____

CHA Staff: _____ Title: _____ Date: _____

CHA Executive Director: _____ Date: _____

"This Institution is an equal opportunity provide and employer"

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at https://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1440 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov





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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:

- | | | |
|-----------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| <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;

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> * 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 | <ul style="list-style-type: none"> * 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) | <p>PROVIDERS OF:</p> <ul style="list-style-type: none"> * 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)