



**Lac du Flambeau Chippewa Housing Authority**

554 Chicog Street  
 PO Box 187  
 Lac du Flambeau, WI 54538  
 (715) 588-3348  
[www.ldfcha.org](http://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"/>
2			__-__-____	__/__/____		<input type="checkbox"/>
3			__-__-____	__/__/____		<input type="checkbox"/>
4			__-__-____	__/__/____		<input type="checkbox"/>
5			__-__-____	__/__/____		<input type="checkbox"/>
6			__-__-____	__/__/____		<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"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<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. 1<sup>st</sup> 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"/>	<b>EMPLOYMENT:</b> Applicant Name: _____ Employer Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Applicant Name: _____ Employer Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>SELF EMPLOYED: (Must attach last two years of tax returns)</b>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>UNEMPLOYMENT BENEFITS:</b> State in which benefits are paid: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>WORKERS COMPENSATION BENEFITS:</b> Applicant Name: _____ Company Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>PENSION, RETIREMENT, ANNUITY, INHERITANCE, INSURANCE OR LOTTERY PAYMENTS:</b> Applicant Name: _____ Company Name: _____ Address: _____ Phone: _____ Policy Number: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>VETERAN ADMINISTRATION, GI BILL, NATION GUARD OR MILITARY BENEFITS:</b>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>SUPPLEMENTAL SECURITY OR SOCIAL SECURITY DISABILITY INCOME:</b> (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"/>	UNEARNED INCOME (i.e. TRUST FUND etc.): <i>(Attach documentation)</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 etc.): <i>(Do not include food share)</i>	\$ _____
<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"/> I am currently pursuing support through: Agency: _____ Address: _____ <input type="checkbox"/> I am not pursuing payments at this time for the following reason: _____	\$ _____
<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 <sup>ST</sup> 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: _____	

If you answered **YES** to either question above, are you: (Check each box that applies)

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving assistance under Title IV?      Receiving assistance through a job training program?  
Married and filing joint taxes?      Single parent with a dependent child(ren) not dependent to  
Previous participant in Foster Care?      another individual?

(Check YES or NO)		ASSETS	CASH VALUE BALANCE
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	CHECKING ACCOUNT: Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	SAVINGS ACCOUNT: Name: _____ 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: <i>(Attach a copy)</i> Institute Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	REAL ESTATE OR MOBILE HOME: <i>(Attach a copy of most recent tax bill)</i>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	LAND CONTRACT: <i>(Attach a copy of contract and amortization schedule)</i>	\$ _____
<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> 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)		DEDUCTIONS	MONTHLY AMOUNT
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	CHILDCARE FOR CHILD(REN) UNDER AGE 13: <input type="checkbox"/> For work <input type="checkbox"/> For school Provider Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PRESCRIPTION <input type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL EXPENSE FOR PAST 12-MONTHS: <i>(Attach copy of receipts)</i> Provider Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN/HOSPITAL CO-PAY FOR PAST 12-MONTHS: <i>(Attach copy of receipts)</i> Provider Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	STOCKS, BONDS OR OTHER INVESTMENT ACCOUNTS BOUGHT OR SOLD IN THE PAST 12-MONTHS: <i>(Attach a copy)</i> Institute Name: _____ Address: _____ Phone: _____	\$ _____





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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 toeligibility 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<br>Federal Dept/ Courts | * Federally Recognized Tribes<br>(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)