

THE WAITING LIST:

- 1. How long can I expect to wait before receiving housing?** Applicants can expect to wait anywhere from two months to two years before receiving housing. The waiting period cannot be predicted because there are too many variables such as number of preference points, placement on the waiting list and the rate at which current tenants vacate units.
- 2. What determines the rate at which I move up the list?** You will move up the list according to the number of points you have and the length of time that you have been on the list.
- 3. Is it possible to lose places on the list?** Yes, if an applicant signs up after you who receives a higher number of preference points. Or if a current applicant moves from one list to another (family increases/decreases and they require a different bedroom size) it is possible due to their original application date that they move ahead of you.

EMERGENCY HOUSING:

At the present time there is no emergency housing available at the LCO Housing Authority. Because of the large demand for housing all vacancies are filled immediately with people on our waiting list. If you live outside the area you are urged to secure residence before coming to the area. In the past individuals have given up housing in other areas believing that they would receive a unit at Lac Courte Oreilles upon their arrival. This is not possible due to the shortage of available units and/or Housing policy in placement.

RESIDENCY:

An applicant must have residency of at least three months prior to being awarded a unit. This can be established by proof of continuous occupancy of a residence on or

near the reservation for a period of three months. The burden is on the applicant to prove residency by employers, utility suppliers, school administrators or present landlord.

SINGLES:

If you are single or married with no children you will be placed on the waiting list for singles.

ELDERLY/DISABLED:

There are units specifically for elderly or disabled individuals. In order to qualify for an elderly unit one must either be at least sixty two (62) years of age or be able to provide verification of disability. Where there are no eligible elderly/disabled families to fill a vacancy, the Authority may allow admission of a Near Elderly Family fifty five years of age. If you are applying as a disabled person you will need to provide proof - this can include something showing that you receive SSI (Supplemental Security Income).

TENANT SELECTION:

Prior to selection of an applicant, verification must be made of their continued eligibility for housing by contacting their utility suppliers, employers (if employment or income-sufficiency is required), landlord for current information, other third parties, etc.

TENANT ORIENTATION:

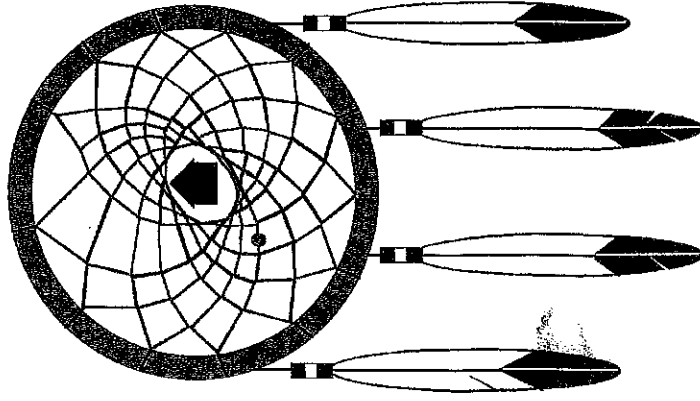
Once an applicant nears the top of the waiting list they will also be required to attend a family tenant orientation. Attendance is mandatory before being awarded a unit.

QUESTIONS:

If you have further questions you may contact Andie Quaderer, Office Manager at 715-634-2147.

Lac Courte Oreilles Housing Authority

13416 W Trepania Rd
Hayward, WI 54843
715-634-2147
715-634-5692 fax



NEED COPY OF TRIBAL ID

APPLICATION INFORMATION

As an applicant for a rental unit at the LCO Housing Authority it is important that you read the following information carefully. This information will explain the application process as far as completion of the application, determination of eligibility and tenant selection.

COMPLETING THE APPLICATION:

1. Be sure that you have a correct address on your application. If you move you must contact the Authority and notify them of the address change. Failure to keep your address updated may result in your not receiving housing at Lac Courte Oreilles.
2. Be sure to list all household members along with birth dates and social security numbers. All dependent(s) listed on the application must be the lawful dependent(s) of the applicant. Applicants must show proof of legal custody. This information will be utilized in determining the unit size eligibility.
3. List all household income to the best of your ability. If any circumstances change this can be reported at a later date.
4. It is important to indicate whether yourself or other members of your household is a member of the Lac Courte Oreilles Tribe or enrolled with another tribe. All applicants can expect to have this information verified.
5. On the form there is a space which informs the applicant that he/she

must renew the application once a year. Your initials verify that you have read and understand the information. Failure to renew will result in your name being dropped from the waiting list.

6. Complete all sections of the application to the best of your ability in all areas which may apply to your situation. Applicants are required to sign the authorization for background checks. Failure to properly complete the application will result in it being denied and returned to you.
7. Finally, be sure to **sign** and **date** the application. Your signature certifies that the information provided is true and correct. It also allows the Housing Authority to verify any and all the information provided on the application.

PROCESSING THE APPLICATION:

Upon completion of the application it will be processed according to the following including but not limited to:

- A. Eligibility. All applications will be screened for eligibility.
 - No person shall be allowed admission to housing, either as head of household or other member of household, who is subject to either a ten year or lifetime registration requirement under the "Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Program" 42 U.S.C. 14071, or any state sex offender registration program.
 - Applicants who have been convicted of the illegal

manufacture, sale, or distribution of a controlled substance, or possession with intent to manufacture, sell, or distribute a controlled substance will be considered ineligible.

- If you owe money to any Indian/ Public Housing Authority, any other prior landlord or Utility Company, you will not be eligible until the debt is paid in full.

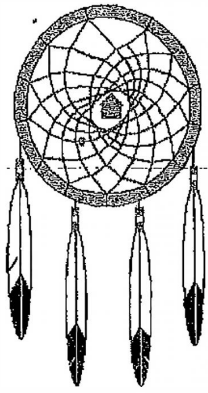
B. Preference Points. Applicants are awarded preference points. Following is a list of the point system:

POTENTIAL POINTS FOR SELECTION:

Local Preference Criteria

- (a) LCO Tribal Member: **20 points**
 - (b) Other Indian applicant: **10 points**
 - (c) Non-Indian applicant essential to the well-being of an LCO family: **5 points**
- Applications are ranked first by preference points and then by date and time of application.

Only applicants determined to be eligible shall be filed on the waiting list. Applicants shall be advised that placement on the waiting list does not guarantee selection for housing. In the event that an applicant is subsequently found ineligible they may be removed from the waiting list.



**Lac Courte Oreilles
 Housing Authority**
 13416W Trepania Rd, Hayward, WI 54843
 (715) 634-2147 - phone

Original Date Stamp

Time: _____ a.m./p.m.

APPLICATION FOR ADMISSION

Application updated on (date) by employee (initials)

PROGRAM: Rental Homebuyer

APPLICANT INFORMATION

Name: _____
 Last First Middle Home Phone # _____

 Current Address: _____

 _____ Cell # _____
 Message No. _____
 E-mail _____

Emergency Contact: _____
 Name Phone Relationship

I. HOUSEHOLD COMPOSITION

	NAME	Relationship to head	Sex	Age	Birth date	Tribal Affiliation	S. S.#
1		Head					
2							
3							
4							
5							
6							
7							
8							
9							
10							

Do you anticipate any changes in your household composition in the next 12 months? Yes No
 Why? _____

Does anyone live with you now who is not listed above? Yes No
 If Yes, please explain: _____

II. CURRENT/PREVIOUS HOUSING INFORMATION

How many people live in your unit now? () How many bedrooms do you have? ()	
Reason for moving? () Evicted () Too small () Too Big () Rent Too High () Other _____	
If Evicted, please explain: _____	
Amount you pay for rent \$ _____	Amount you pay for Utilities \$ _____
Current/Previous Address: _____	Current/Previous Landlord: _____
_____	Address _____
_____	Phone# _____

III. OTHER INFORMATION REQUIRED

Do you expect to have any medical bills during the next 12 months?	() Yes () No
If Yes, you will need to submit proof of the amount of those expenses.	
Do you pay for an attendant or for any equipment for handicapped family members to permit them or another family member to be able to go to work?	() Yes () No
Does your family need an accessible unit pursuant to Section 504?	() Yes () No
Have you or someone in your household served in the military?	() Yes () No
Do you have pets? () Yes () No If so, how many? _____ What kind? _____	What is your marital status? () Single () Married () Separated () Divorced () Widowed

IV. INCOME INFORMATION

Answer all of the following questions, for each "Yes" answer, provide the details in the chart below.	
1. Is any member of your household employed, full-time, part-time, or seasonally?	() Yes () No
2. Does any member of your household expect to work for any period during the next 12 months?	() Yes () No
3. Is any member of your household on leave from work due to lay-off, medical, maternity or military leave?	() Yes () No
4. Does any member of your household now receive, or expect to receive unemployment benefits?	() Yes () No
5. Does any member of your household now receive or expect to receive child support?	() Yes () No
6. Is any member of your household entitled to child support that he/she is not now receiving?	() Yes () No
7. Does any member of your household now receive or expect to receive alimony?	() Yes () No
8. Is any member entitled to alimony payments that he/she is not now receiving?	() Yes () No
9. Does any member of your household receive or expect to receive General Assistance/TANF?	() Yes () No
10. Does any member of your household receive or expect to receive Social Security Benefits?	() Yes () No
11. Does any member of your household receive or expect to receive payments for a pension or annuity within the next 12 months?	() Yes () No
12. Does any member of your household receive or expect to receive per capita payments?	() Yes () No
13. Does any member of your household receive regular cash contribution from individuals not living in the unit or from other agencies?	() Yes () No
14. Does any member of your household have income from assets (e.g., interest on checking or savings accounts, interest/dividends from certificates of deposit, stocks or bonds, income from rental property?)	() Yes () No
15. Do you pay for child care which enables you or another household member to work or go to school?	() Yes () No

V. **TOTAL HOUSEHOLD INCOME** - List all money earned/received by everyone in your household. Include money from wages, self-employment, child support, contributions, Social Security, retirement, disability, Workmen's Compensation, SSI, veteran's benefits, rental property income, Permanent Fund Distribution, stock dividends, interest, alimony, annuities, per capita and all other sources.

FAMILY MEMBER	SOURCE OF INCOME (Name of Employer, Agency, etc., include complete address)	AMOUNT	HOW OFTEN wk/mo/yr

VI. ASSETS - List assets of all household members (e.g. house, property, boat, mobile home, land, lots, acreage, savings accounts, stocks, bonds, certificates of deposit, inheritances, etc.)

FAMILY MEMBER	ASSET TYPE	ASSET VALUE	LOCATION OF ASSET (Name of bank, account number, address, etc.)

In the last two (2) years has any household member disposed of an asset valued at \$5,000 or more? () Yes () No

If Yes, asset disposed of: _____ Value of Asset: \$ _____
Amount Received: \$ _____

If you or members of your household own vehicles, provide the following information:

Household member: _____ Make: _____ Year: _____ Tag No. _____
Household member: _____ Make: _____ Year: _____ Tag No. _____
Household member: _____ Make: _____ Year: _____ Tag No. _____

VII. CRIMINAL BACKGROUND

AUTHORIZATION FOR BACKGROUND CHECK

Federal and Tribal law requires the Lac Courte Oreilles Housing Authority to conduct criminal background checks and to verify sex offender registration information for all adult household members applying for assisted housing. To determine eligibility all potential household members age 18 or older must answer the questions below, then agree and sign a consent to a background check (see below). The information gathered will remain confidential and will be used to determine Housing eligibility purposes only.

Lac Courte Oreilles Housing Authority will deny any applicant who does not provide complete and accurate information on this form who does not consent to a background check.

- Have you ever been evicted from a federally assisted site for drug-related criminal activity?
Yes _____ No _____ If yes, who? _____
- Are you currently subject to ten year or lifetime registration requirement under a state sex offender registration program? Yes _____ No _____ If yes, who & what state? _____
- Have you ever been convicted of any drug-related crime?
Yes _____ No _____ If yes, who? _____
- Have you ever been convicted of any felony?
Yes _____ No _____ If yes, who? _____
- Have you ever been convicted of any crime involving fraud or dishonesty?
Yes _____ No _____ If yes, who? _____

6. Have you ever been convicted of any crime involving violence?
Yes _____ No _____ If yes, who? _____

7. Are you currently charged with any of the above criminal activities?
Yes _____ No _____ If yes, who? _____
Please explain: _____

8. Please list all states in which you have held licenses to drive (include drivers license #).

9. Have you ever used or been known by any other name? Yes _____ No _____
If so, please list _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the Lac Courte Orielles Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement or State, Tribal or Federal agencies to release criminal records and/or sex offender registration information to the Housing Authority, or to an agency contracted by the Housing Authority to conduct criminal background checks.

APPLICANTS SIGNATURE _____
APPLICANTS NAME (PLEASE PRINT) _____
BIRTH DATE _____ SOCIAL SECURITY# ____ / ____ / ____
DRIVER LICENSE NUMBER _____

OTHER ADULT SIGNATURE _____
OTHER ADULT NAME (PLEASE PRINT) _____
BIRTH DATE _____ SOCIAL SECURITY# ____ / ____ / ____
DRIVER LICENSE NUMBER _____

OTHER ADULT SIGNATURE _____
OTHER ADULT NAME (PLEASE PRINT) _____
BIRTH DATE _____ SOCIAL SECURITY# ____ / ____ / ____
DRIVER LICENSE NUMBER _____

OTHER ADULT SIGNATURE _____
OTHER ADULT NAME (PLEASE PRINT) _____
BIRTH DATE _____ SOCIAL SECURITY# ____ / ____ / ____
DRIVER LICENSE NUMBER _____

one year
deadline

NOTE: I/we understand that I/we are required to renew this application within 30 days prior to the anniversary date of the application. Failure to renew will cause my/our name to be deleted from the Waiting List. _____ (please initial) _____

Applicant Agreement

In order for the Housing Authority to more fairly evaluate my need for housing and to have my application placed in a factually fair position among all other applicants, I agree to the following:

- 1. An evaluation of my need based upon a point system with the understanding that I may request a review and/or appeal of allocated points in areas of disagreement;***
- 2. In the event that there are two or more applicants having the same number of points for consideration, I agree that selection shall be made based upon date and time the applications were received at the Housing Authority.***

<i>Applicant Signature</i>	<i>Date</i>	<i>Spouse/Other adult applicant</i>	<i>Date</i>
<i>Spouse/Other adult applicant</i>	<i>Date</i>	<i>Spouse/Other adult applicant</i>	<i>Date</i>

.....
CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, certify that the information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that it is a criminal offense under to falsify statements regarding eligibility for Indian Housing assistance. Further, I/we consent to the Housing Authority conducting a criminal records background check through the Sawyer County Law Enforcement Agency and any other local, state, or federal law enforcement agency, and I/we authorize any such agency to conduct any such search, including a computer data-base search, and to provide the results thereof to the Housing Authority. Further, I/We authorize the Housing Authority to seek any current provider of income, to release to the Housing Authority, verification of my sources and amount of income. Further, I/We authorize the Housing Authority to verify from Utility Companies that no balances are owed. This consent is valid as long as my application is on file with the Authority, and may be revoked by withdrawing such application. A photocopy of this consent holds the same validity as the original. *I/We also understand that if I/we have an outstanding balance to any Public/Indian Housing Authority or private landlord, that I/we will not be eligible for any assistance through this Housing Authority.*

Signature - Applicant
Your date of birth _____

Signature - Spouse/Other adult member
Your date of birth _____

Signature - Other adult member
Your date of birth _____

Signature - Other adult member
Your date of birth _____

This page for office use only
Tribal Enrollment: Applicant/dependent(s) enrolled at LCO

	NAME	Relationship to head	Sex	Age	Birth date	Tribal Affiliation
1		Head				
2						
3						
4						
5						
6						
7						
8						
9						
10						

Tribal Enrollment Verification completed by _____
Signature Date

- *****
1. Resident Tribal Member/Ancillary Member ___20 pts 3. Resident Non-Indian applicant essential to the well-being of an Indian Family ___5 pts
 2. Resident Other Indian ___10 pts

This reference check was completed by _____
(Housing employee)

Units Size: 1 BR 2 BR 3 BR 4 BR 5BR

UTILITIES BACKGROUND CHECK

	✓ OK	or	Have an Outstanding Balance
Jump River Electric	_____		_____
Excel Engery	_____		_____
WE Engeries	_____		_____
Propane Co.	_____		_____
OTHER _____	_____		_____

This reference check was completed by _____
(Housing employee)

CRIMINAL BACKGROUND CHECK

Results of National/State Sex Offender Registry: _____ Date _____

Results of local records check: _____ Date _____

If applicant is/was not a local resident, check and indicate results of statewide screening: _____

This reference check was completed by: _____
(Housing employee)

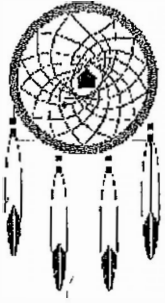
Any other considerations that would affect the suitability of the tenant for Indian Housing? _____

Has the applicant abandoned a previous home within the past two years? _____

Has the applicant misused property of the Housing Authority in the past? _____

Have you checked the Housing Authority records for any unpaid balance from a prior occupancy? _____

This reference check was completed by: _____
(Housing employee)



Lac Courte Oreilles Housing Authority
 13416 W Trepania Road
 Hayward, WI 54843
 Phone (715) 634-2147
 Fax (715) 634-5692

CURRENT/PREVIOUS HOUSING REFERENCE

APPLICANT: _____ Date: _____

CURRENT/PREVIOUS LANDLORD: _____

Address: _____

Phone Number(s)# _____

Dear Landlord:

The Lac Courte Oreilles Housing Authority is required to obtain a rental reference for the above referenced applicant. Please complete the form below and return it in the enclosed self-addressed envelope or fax to the number listed above.

Please answer all of the questions below.	YES	NO
What was/is the monthly rent for this applicant? \$ _____		
Does/did applicant pay rent on a timely basis?		
Has applicant's rent ever been late? If YES, how often? _____		
Have eviction proceedings for non-payment been initiated for this applicant?		
More than one time? If YES, how many times? _____		
Have eviction procedures for other than non payment been initiated?		
Other: Please explain _____		
Does/did applicant keep unit clean and orderly?		
Has/had applicant damaged the unit? If so, how? _____		
Has the applicant paid for all of the damages? _____		
Will/did you keep any portion of the security deposit?		
Does/did the applicant's unit have problems with insect/rodent control due to poor housekeeping habits?		
Does/did the applicant permit persons other than those on the lease to live in the unit?		
Has/had the applicant, family members, or guests vandalized the common areas?		
Has the applicant ever abandoned a property?		
Would you rent to this person again?		

_____ Contact Person

_____ Phone#

Residential Third-Party Notification and Authorization Form



This form is used to authorize a third party to receive billing notifications and/or discuss or access a customer's account information including billing and payments. Third-party notifications do not expire. Written third-party authorizations are valid up to two years. The customer may only choose one authorized third party for a specific time period. Either party may cancel the third-party notification and/or authorization at any time. Please allow three business days from the date we receive the form to process your request.

Customer information: (customer requesting third-party authorization)

Customer name: _____
Service address: _____
City: _____ State: _____ ZIP: _____
Phone number: _____
Mailing address (if different than above): _____
City: _____ State: _____ ZIP: _____
We Energies account number (required): _____

Notification and/or authorization requested: (choose all that apply)

- Option 1: Third-party notification** – Third party listed below may receive copies of the customer's bills and/or disconnection notices for the customer's account listed above until either party cancels the notification. Choose one of the following:
- Disconnection notices only Disconnection notices and copies of bills
- Option 2: Third-party authorization** – Third party listed below may discuss or access the customer's account information but may not change any account details. Effective for (choose one):
- Two years (maximum) Less than two years: from _____ to _____
mm/dd/yyyy mm/dd/yyyy

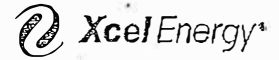
Third-party information: (person/party receiving authorization)

Name: PCC Housing Authority
C/O name: _____
Mailing address: 13416 W Teoponia Road
City: Hayward State: WI ZIP: 54843
Preferred phone number: 715/634-2149
If third party has an existing account with We Energies, please provide: _____

I authorize the third party listed above to receive billing notifications and/or discuss or access my customer account information as noted above, including billing and payments. The third party may not change any account details.

X
Customer's signature (required) _____ Date _____

Return completed form to: PCCC Support Team
We Energies
P O Box 2046
Milwaukee, WI 53201



THIRD PARTY NOTIFICATION FOR PROPERTY MANAGERS AND OWNERS

Please enroll the following customer for Xcel Energy's Third Party Notification.

Third Party Notification provides notification to another party in the event an account receives a disconnection notice. The third party will receive a copy of the disconnection notice that is sent to the customer of record. A disconnection notice is issued when electricity or natural gas services are in jeopardy of being disconnected.

Tenant Information

Completing this form authorizes Xcel Energy to mail a copy of any Disconnection Notice to the third party named below.

Name (Please Print) _____ Phone (____) _____

Address _____ Apartment/Unit Number _____

City _____ State _____ ZIP _____

Xcel Energy Account Number -

I agree and authorize Xcel Energy to mail any disconnect notices to the party listed below.

This form will only be used for notification of pending disconnections and does not allow the Third Party any additional access or details of the account holder. This notification will be effective for one year after activation. This notice can be removed from the account by either party by contacting customer service at the phone number below.

Tenant's Signature _____ Date _____

This request will not be accepted without the tenant's signature.

Mail any disconnect notices to the party listed below.

Third Party Information

Third Party Name (Please Print) Leo Housing Authority Phone (715) 634-2147

Address 13416 W Trepania Road Apartment/Unit Number _____

City Hayward State WI ZIP 54843

Third Party Signature Marcy Anzi Date _____

This request will not be accepted without the third party's signature.

We will make every effort to send a copy of the Disconnection Notice to the party specified.
We are not responsible if the third party fails to receive or act upon the notice.

*The Third Party Notification service does not modify in any way Xcel Energy's liability, if any, for property damage that may result from disconnection of a tenant's utility services.

Xcel Energy 24-hour Residential Service: 1-800-895-4999 | Residential Service Fax 1-800-895-2895