



LAC COURTE OREILLES TRIBAL HOUSING DEPARTMENT

Preapplication/Survey

Must be submitted to the LCO Administration Building (Tribal Office)
no later than October 6th, 2023.

The Tribal Housing Department is collecting **pre-applications** for rental and homeownership opportunities to ascertain the interest and needs of the tribal community for shelter opportunities. Submitting this application will not guarantee housing selection; those who pass the screening will be invited to submit full applications with verifications for a specific type of housing that becomes available.

APPLICANT

Applicant No. 1		Date of Birth:
Current Address:		
City, State, Zip Code:		
Home Phone:	Work Phone:	Email:
Applicant No. 2 (Spouse/Other Adult)		Date of Birth:
Current Address:		
City, State, Zip Code:		
Home Phone:	Work Phone:	Email:

ELDERLY FAMILY DESIGNATION

☐ Ages 50-55: Near Elderly; ☐ 55 and over: Elderly

FULL-TIME STUDENT? ☐ YES ☐ NO

Name of Institution: _____

TYPE(S) OF HOUSING SOUGHT

(check all that apply)

- ☐ Rental
☐ Homeownership
☐ Miskogizhig Apartments
☐ Emergency Housing

CAN YOUR HOUSEHOLD AFFORD TO PAY (rent & utilities)

MARKET RENTS? ☐ Yes ☐ No
MORTGAGE PAYMENTS? ☐ Yes ☐ No

HOMELESS If yes, please indicate one of the following situations:

☐ People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.

☐ People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.

☐ Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.

____ People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

Household Composition and Characteristics: List the Head of Household and all other members who will be living in your home. Give the relationship of each family member to the head of household.

Member Name	Relationship	Birthdate	Sex	Tribal Affiliation

EMPLOYMENT INFORMATION

APPLICANT #1

Name of Employer: _____
Job Title: _____
Length of Employment with this Employer: _____
Previous Employer (if less than two years) _____
Length of Employment with this Employer: _____

APPLICANT #2

Name of Employer: _____
Job Title: _____
Length of Employment with this Employer: _____
Previous Employer (if less than two years) _____
Length of Employment with this Employer: _____

INCOME INFORMATION

Family Member Name	Source of Income	Annual Income

Do you have any other income sources your would like to be considered? (i.e. child support, disability, TANF, etc.)

FAMILIES WITH HANDICAPPED MEMBERS

Does anyone in the household have accessibility requirements?

If approved for any type of housing, are you able to provide two (2) personal references?

☐ Yes ☐ No

PROVIDE ADDITIONAL INFORMATION REGARDING YOUR NEED FOR HOUSING:

(Use an additional piece of paper if necessary.)

APPLICANT CERTIFICATION

I understand that the Tribal Housing Department is collecting pre-applications for rental and homeownership opportunities. Additionally, I understand that the Tribal Housing Department will use the information provided on this form to determine the needs of the tribal community for housing and shelter. I understand that submitting this application does not guarantee that I will receive a housing option. I understand that, if selected, I will be invited to submit a full application with verification for a specific type of housing that becomes available. I certify that the statements made in this pre-application are true and complete to the best of my knowledge and belief.

Signed: _____ Date: _____
Head of Household

Signed: _____ Date: _____
Spouse/Other adult

Tribal Affiliation and Membership No.: _____