



**LAC COURTE OREILLES TRIBAL HOUSING DIVISION**  
**APPLICATION FOR HOUSING**

**Must be submitted to the LCO Administration Building (Tribal Office) located at:  
13394W Trepania Rd. Hayward, WI 54843**

**APPLICANT**

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

**TYPE OF HOUSING SOUGHT :**    ☐ Home    ☐ Apartment.    **(check only one)**

☐ 1 Bedroom (Home or Apartment)

☐ 2 Bedroom (Home or Apartment)

☐ 3 or more Bedroom (Home only)

**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	TRIBE/ENROLLMENT #

**EMPLOYMENT INFORMATION**

**APPLICANT #1**

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment with this Employer: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

**APPLICANT #2**

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment with this Employer: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_


**INCOME INFORMATION**

Family Member Name	Source of Income	Annual Income

Do you have any other sources of income for consideration? (i.e. child support, disability, social security, etc.)

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 Does anyone in the household have accessibility requirements?

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**APPLICANT AUTHORIZATION AND CERTIFICATION**

I certify that all information and statements that I have included on this application are true and correct to the best of my knowledge. I understand that false statements on this application are grounds for the denial of this application. I understand that the LCO Tribal Housing Division will use the information contained in this form to determine eligibility for tribal rental units.

I hereby authorize the Tribal Housing Division employees to investigate and assess my financial responsibility, income, ability to pay rent, rental and eviction history, and any statements made in this application. I further consent to the Tribal Housing Division contacting my employer included on this form to verify income eligibility for a rental unit. I understand that this application is for rental opportunities. Additionally, I understand that submitting this application does not guarantee that I will receive a rental unit.

I understand that if a lease for a rental unit is offered to me that I am required to pay the first month's rent and a security deposit equal to one month's rent, at the time of execution of the lease. Further, I understand that I will be responsible for all applicable utilities.

I understand that the rental units/homes do not allow pets. I also understand that no smoking is allowed in any of the rental units/homes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Head of Household

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse/Other adult



## LAC COURTE OREILLES TRIBAL HOUSING DIVISION

### Application Checklist

The following are required for your application for rental housing to be considered. Please take this form with you and return it with all the documents listed below. These documents must be received for your application to be processed.

1. Documentation of income, pay stubs, or per capita stubs, etc.
2. Proof of LCO Tribal Membership; adult and/or child.
3. Verification of veteran status.
4. Current criminal history background authorization.
5. First month's rent and one month security deposit due at move in.
6. Authorization for Release of Information from We Energies and Jump River.
7. Any other documentation not listed above that may aide in the determination of eligibility.

Please be advised that you need to contact our office every year to update your application. If you do not contact us, you will be taken off the Waiting List.

\*Please note: All rental units/homes are smoke free – smoking is allowed in designated areas only.

\*\*No pets are allowed in any rental unit/home.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return all applications to:

Lac Courte Oreilles Tribal Housing Division, 13394W Trepania Road, Hayward, WI 54843

## RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, to conduct an investigation into my personal background for evaluation of my qualifications for consideration for a residential lease with the LCO Tribal Housing Division. I acknowledge and agree that the Lac Courte Oreilles Band of Lake Superior Chippewa Indians may obtain information pursuant to such investigation through personal interview and acquaintances, business associates and other persons who may have knowledge as to my background, employment, and rental history. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history and public record information (e.g., record of civil judgement, convictions) may be relevant to the Lac Court Oreilles Band of Lake Superior Chippewa Indians for evaluation of my fitness for residential leasing. I hereby release the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and any person providing information in connection therewith from all liability, which may arise in connection with the above-described background investigation. In authorizing such investigation, I hereby voluntarily permit the collection of supplemental data, as needed, to ensure the accuracy of records obtained during this investigation. This authorization and release shall remain in effect from the date of my application, for the duration of my tenancy with LCO Tribal Housing Division, and two years after

The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Maiden, former or alias name(s): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Other names you are known by? \_\_\_\_\_ Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at present address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: (Month/Year) \_\_\_\_\_ To: (Month/Year) \_\_\_\_\_

# Customer authorization to release information



**Natural gas company** (check one):

- ☐ Wisconsin Gas LLC  
☐ Wisconsin Electric Gas Operations

Requested effective date: \_\_\_\_\_

Account name: \_\_\_\_\_

Service address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Account number: \_\_\_\_\_

Meter number: \_\_\_\_\_

Account number: \_\_\_\_\_

Meter number: \_\_\_\_\_

Account number: \_\_\_\_\_

Meter number: \_\_\_\_\_

Account number: \_\_\_\_\_

Meter number: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This authorization shall be effective immediately upon receipt by We Energies and shall continue in effect for two years from above date unless revoked in writing by company. It is further agreed that We Energies is receiving no consideration for honoring this request and that any release of information by it pursuant hereto is done solely as an accommodation to company furnishing such authorization. We Energies shall not be liable to company for any failure to provide or furnish information to agent.

The undersigned authorizes We Energies to release metering and usage data and information for our account(s) to:

Agent name: \_\_\_\_\_

Agent contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Agent email address: \_\_\_\_\_

## Authorization

Customer name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Customer authorization signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Insert Utility Contact Information Here]

## CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION

*This form was prepared by the Public Service Commission of Wisconsin as required by Wis. Stat. § 196.137(4).*

Requesting Entity Name (if applicable) \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone\_(\_\_\_\_\_)\_\_\_\_\_ Fax\_(\_\_\_\_\_)\_\_\_\_\_ Email\_\_\_\_\_

### INFORMATION REQUESTED

The person or entity identified above requests customer information, including billing and usage data related to: ☐ electric; ☐ gas; ☐ water; or ☐ all services provided by the utility. Such information includes your account balance, payment history and total use per billing period. The information provided by the utility may include any other information regarding your account contained in utility records.

### CUSTOMER'S CONSENT

Your information is treated as private by the utility and can only be disclosed as permitted by Wis. Stat. § 196.137. You are not required to authorize the disclosure of your customer information, and your decision not to authorize the disclosure will not affect your utility service.

By signing this form you acknowledge and agree that you are the customer(s) of record for this account and that you authorize the utility to disclose your customer information to the requesting entity listed on this form. This consent is valid until you terminate your service, or withdraw consent by sending a written request with your name and service address to the utility at the address specified at the top of this form. You may terminate this consent at any time.

**Please complete this form and return it to the utility either by:**

- Email: \_\_\_\_\_
- Fax:\_(\_\_\_\_\_)\_\_\_\_\_
- Mail: \_\_\_\_\_

**CUSTOMER ACCOUNT NUMBER** \_\_\_\_\_

**SERVICE ADDRESS** \_\_\_\_\_

**PRINTED CUSTOMER(S) NAME** \_\_\_\_\_

**SIGNATURE OF CUSTOMER(S)** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_ **CUSTOMER PHONE NUMBER**\_(\_\_\_\_\_)\_\_\_\_\_

*Please complete separate consent forms for each utility account.*