



LAC COURTE OREILLES HOMEOWNERSHIP APPLICATION

The Tribal Housing Division is collecting **applications** to pre-qualify families for homeownership opportunities if/as they become available. Submitting this application is not a guarantee of housing selection.

APPLICANT

Applicant No. 1

Date of Birth:

Current Address:

City, State, Zip Code:

Home Phone:

Work Phone:

Driver's License Number:

Applicant No. 2 (Spouse/Other Adult)

Date of Birth:

Current Address:

City, State, Zip Code:

Home Phone:

Work Phone:

Driver's License Number:

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

FINANCIAL INFORMATION

Indicate **all sources of income for the entire household**; this is **ALL** sources of income for **ALL** household members including children. Check "YES" if anyone in the household is receiving that type of income. Check "NO" if no one in the Household gets that type of income. Each income type must be marked "YES" or "NO".

Source of Income (to show sufficient income for homeownership responsibilities)					
Type	Yes	No	Type	Yes	No
Employment			Unemployment		
Child Support			Self-employment		
Social Security/SSI			Veteran's Benefits/pension		
Per Capita Payments			Workman's Compensation		
W2/TANF			Foster Care/Survivorship Benefits		
Kinship			Other		

RELEASE OF INFORMATION AGREEMENT

I, the undersigned, hereby acknowledge that my prior tenancy and payment history may be investigated in the course of consideration for homeownership and I hereby authorize the Lac Courte Oreilles Tribe or its agent(s) to contact, my references, my current employer and my current landlord, as well as any and all former employers and landlords, courts and post offices, Tribal and/or State Social Services, utility companies, law enforcement agencies, and schools and colleges and authorize the same to release information about me including, but not limited to, information about child custody, my employment and my tenancy to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for releasing and/or collecting the above information. This release shall remain in effect for the length of my tenancy, plus two years after.

I believe, to the best of my knowledge, that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name _____
First Middle Last

Address _____
Street Address City State Zip

Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____

Phone (____) _____ *e-mail address _____

Receive Text Messages? Yes or No

Vehicle _____ Plate _____

Company Requesting Information:

Lac Courte Oreilles Tribal Government
Tribal Realty Department
13394 W Trepania Road
Hayward, WI 54843
Phone: (715) 558-7746 Fax: (715) 634-5692

Information requested:

____ Tenancy Verification & History
____ Employment and Income Verification
____ Reference Check

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.