



**GIKENDAASOWIN**  
**LAC DU FLAMBEAU TRIBAL EDUCATION DEPARTMENT**  
P.O. Box 67, Lac du Flambeau, WI 54538  
Phone: (715) 588-7925 Fax: (715) 588-9063  
E-mail: [ldfedu@ldftribe.com](mailto:ldfedu@ldftribe.com)

**Higher Education Housing Assistance Program**  
**Application 2023-2024**

Higher Education Housing Assistance is available to full-time college students living 75 miles or more away from their primary residence to assist with rent and utility (water, sewer and electricity only) expenses. Students are required to have a complete Higher Education Housing Assistance Application on file in order to be eligible for funding.

To be eligible for Housing Assistance funding, a student is required to meet the following criteria:

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- Be an enrolled Lac du Flambeau tribal member
- Be a full-time undergraduate or graduate college student
- Be living 75 miles or more away from their primary residence
- Be named** on their housing lease or contract
- Be in good standing (not on suspension from tribal grant funding) with the Education Department
- Have a complete application and required documentation on file.

Please provide the following required documentation:

- ✓
- A copy of your housing lease or contract
- A complete Higher Education Housing Assistance Application
- A complete Housing Assistance Budget Worksheet
- A complete Higher Education Application for the semester you are applying for assistance
- A copy of your utility (water, sewer or electricity only) bill(s) with your account number(s) (if you are eligible and applying for utility assistance)



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**Housing Assistance Application** **Academic Year: Fall 2023 - Spring 2024**

Social Security Number:	Last Name:	First Name:	MI:	Maiden:
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Mailing Address:	City:	State:	Zip Code:
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Phone Number: Mobile: (    )    - Home: (    )    -	E-mail Address:  STUDENTS WILL BE CONTACTED REGARDING THE STATUS OF THEIR APPLICATION THROUGH THE E-MAIL ADDRESS PROVIDED ABOVE. PLEASE BE SURE TO REGULARLY CHECK YOUR E-MAIL.	Date of Birth: ____/____/____  Female <input type="checkbox"/> Male <input type="checkbox"/>
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Primary Residence:	County:	State:
Please circle the option that best describes your primary residence:    City    Village    Township		

Please indicate the semester(s) you are applying for housing assistance funding:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
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**IMPORTANT-PLEASE READ CAREFULLY**

**Student Statement of Certification**

By signing below, I, \_\_\_\_\_, agree to the following:  
Student Name

All information is true and correct to the best of my knowledge. I understand that I am responsible for abiding by all terms, policies and conditions of the Education Department's Higher Education Housing Assistance program. I further understand that failure to abide by all terms and conditions of the Higher Education Housing Assistance program may affect my funding eligibility.

<hr/> <b>Student Full Name (Print)</b>	
<hr/> <b>Student Signature</b>	<hr/> <b>Date</b>



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**Higher Education Housing Assistance Program  
 Student Acknowledgement and Payback Agreement 2023-2024**

Please initial each statement. By initialing, you are agreeing to the terms of the statement and acknowledging your responsibility to abide by the terms of the agreement.

\_\_\_\_\_ I understand that I am responsible for meeting the Lac du Flambeau Tribal Education Department’s housing assistance requirements. I understand that this also means I am required to meet all academic progress requirements as required by tribal grant funding.

\_\_\_\_\_ Should I not meet the academic progress requirements, I understand that I risk academic probation and suspension from the housing assistance funding from the Education Department.

\_\_\_\_\_ I understand that it is my responsibility to inform the Lac du Flambeau Tribal Education Department of all housing or lease changes within 10 business days of the change.

\_\_\_\_\_ I understand that funding will be issued directly to my landlord or lessor or my utility company and will be applied according to the landlord’s or lessor’s or utility company’s policies.

\_\_\_\_\_ I understand that I am responsible for all rent and utility payments not covered by Housing Assistance funding.

\_\_\_\_\_ I acknowledge that I have received a copy of the Higher Education Housing Assistance Program policy. I further understand that this information is included in the Education Department’s Handbook and is available upon request.

\_\_\_\_\_ I acknowledge that I have read and understand the Education Department’s Higher Education Housing Assistance program policy. I agree to abide by the Lac du Flambeau Tribal Education Department’s Higher Education Housing Assistance program policy.

I understand that by signing below, I am agreeing to all terms, policies and conditions of the Education Department’s Higher Education Housing Assistance program policy as determined by the Lac du Flambeau Tribe.

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Student Name	Date
Signature	XXX-XX- Last 4 Social Security Number



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**Higher Education Housing Assistance Program  
 Release of Information 2023-2024**

To effectively administer Higher Education Housing Assistance funding in compliance with Lac du Flambeau tribal policies, the Education Department is required to communicate with, and exchange and obtain information from, an applicant’s landlord or lessor and utility company(s).

By signing this form, you are allowing the Education Department to communicate with, and exchange and obtain information from your landlord or lessor and utility company(s) as needed for Higher Education Housing Assistance funding purposes only.

I authorize the Lac du Flambeau Tribal Education Department to release, disclose, obtain from, and/or exchange information and documents pertaining to (check all that apply):

- Lease or rental agreement or contract
- W-9 Taxpayer Identification form
- Correspondence pertaining to Higher Education Housing Assistance funding
- Other: \_\_\_\_\_

The following institution or organization is authorized to release the above information to the Lac du Flambeau Tribal Education Department:

\_\_\_\_\_

Name of Institution or Organization

\_\_\_\_\_

Student Full Name (Print) Date

\_\_\_\_\_

Student Signature House/Rental Address



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**Higher Education Housing Assistance Program  
 Budget Worksheet 2023-2024**

**Please complete the following Budget Worksheet for the semester in which you are applying for funding.**

**Student Full Name:**

**E-mail Address:**

The Education Department’s Fall and Spring semesters operate as follows:

- Fall Semester: August through December
- Spring Semester: January through May

The Education Department’s Higher Education Housing Assistance program does not fund, nor take into account, Summer months.

Please indicate which semester the information below reflects:    Fall     Spring

RENT & UTILITY EXPENSES	Monthly	Total Semester Expense	Comments:
Rent	\$	\$	
Water	\$	\$	
Sewer	\$	\$	
Electricity	\$	\$	
<b>Total Expenses:</b>	<b>\$</b>	<b>\$</b>	

To ensure accuracy and prompt payment, indicate the address where payments should be mailed to.

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