



*Pride of the Ojibwe*

13394 W Trepania Road . Hayward . Wisconsin . 54843  
Phone 715-634-8934 . Fax 715-634-4797

## **REQUEST FOR LETTERS OF INTEREST**

Closing Date: December 31, 2022

### **THREE (3) COMMUNITY REPRESENTATIVES FOR THE TRIBAL HOUSING POLICY COMMITTEE**

The Tribe and the Housing Authority are in the planning and development stages of 70 new housing units for the community. This effort is unprecedented, and a significant investment of time and money is being made to meet the shelter needs of our people. New policies and procedures are needed to prioritize and select eligible applicants for Miskogizhig Apartments and Mandaamin homeownership in a fair and open manner consistent with federal and tribal regulations. The committee will also be charged with drafting policies and procedures for tribal housing developed with Cares Act and ARPA funding.

**The Tribal Governing Board will appoint three community representatives to serve with two Housing Authority representatives on a five-person committee to draft eligibility criteria and selection process of new applicants**

#### **Primary Duties:**

1. Members meet to develop and recommend policies and procedures regarding Applicant Eligibility Criteria and Selection Process for Rental Units and Homeownership Units.
2. Members must be residents of Sawyer County and able to attend at least (2) meetings monthly.

#### **Experience, Knowledge, and Commitment of Committee Members:**

- Tribal members who are interested in the well-being of the community and willing to commit their time and diligence to responsibilities.
- Appointed individuals will be expected to spend time preparing for and attending meetings, and understand Policy and Legal Issues.
- Individuals appointed will need to sign a conflict of interest/confidentiality statement.

**Interested Persons Should Submit a Letter of Interest with Qualifications**

**(Please fill out the release and authorization form)**

#### **MAIL, FAX OR EMAIL ALL INFORMATION TO:**

**Lac Courte Oreilles Tribal Government**

**Attn: Human Resource Department**

**13394 W Trepania Road**

**Hayward, WI 54843**

**Fax (715)634-4797**

**HR Fax (715)699-1209**

[doreen.debrot@lco-nsn.gov](mailto:doreen.debrot@lco-nsn.gov)

[caroline.yellowthunder@lco-nsn.gov](mailto:caroline.yellowthunder@lco-nsn.gov)

## 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 evaluating my qualification for employment, promotion, reassignment or retention as an employee. 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 personal and professional background. 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, motor vehicle violations) as well as diplomas, degrees, licenses and transcripts may be relevant to the Lac Court Oreilles Band of Lake Superior Chippewa Indians evaluation of my qualifications. 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 provide the following supplemental data to insure the accuracy of records obtained during this investigation.

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: \_\_\_\_\_

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

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

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

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