

Please indicate what type of housing you are applying for:

_____ I am applying for a low income apartment only.

_____ I am applying for the Homebuyer Program only.
(You must be enrolled Stockbridge-Munsee)

_____ I am applying for BOTH the low income apartment
and the Homebuyer Program.

Homebuyer applicants:

Do you have a land assignment? _____ If yes, please provide a copy
Have you ever participated in any Housing Home Buyer program in the past
through HUD or NAHASDA? _____ If yes, please indicate what year or project #

_____ Was this home conveyed to you? _____
If yes, approximate year _____

Have you ever had a Tribal loan to purchase a home and either defaulted,
voluntarily relinquished the property back to the tribe or was foreclosed _____ If,
yes, what year? _____

How to contact you: (please check all that apply)

Do you prefer to be contacted by: Mail _____ Telephone _____ # _____

Email _____ Email address; _____ Facebook _____

Applicant's signature

date

ALL PERSONS AGED 18 YEARS OR OLDER THAT WILL RESIDE
IN YOUR HOUSEHOLD MUST SIGN ALL OTHER PAGES OF APPLICATION
ATTACHED. THANK YOU

* * * * *

For office use only

Date application received _____

Time application received: _____

Application received by: _____

PLEASE NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE, IT WILL BE RETURNED TO YOU AND YOU WILL NOT HAVE YOUR NAME PLACED ON THE WAITING LIST IF ANY OF THE ITEMS BELOW ARE MISSING:

DO NOT sign or check the lines below, Housing Staff will check off items once verified!!

- _____ 1. Copy of Stockbridge Munsee Enrollment Card

- _____ 2. (If you are not S/M Enrolled) Copy of proof showing you are a 1st or 2nd Descendant or proof of Enrollment in another Tribe.

- _____ 3. Copy of Social Security Card or another official document showing social security number for each person listed on the application.

- _____ 4. Birth Certificate for all children under 18 yrs of age MUST be presented so that the attached "Birth Certificate Verification" form can be verified and signed by DCH Staff.

- _____ 5. Proof of Custody/Placement of all children under 18 yrs of age (for unmarried persons) MUST be attached. Proof consists of Court Documentation or a Notorized Certification documenting placement. Dependents must reside in the household 50% or more of the time per policy.

- _____ 6. 4 current and consecutive payroll check stubs OR the complete name, address, telephone number and fax number of all employers for all household members.

- _____ 7. Persons with SOCIAL SECURITY INCOME must bring in the current benefit report or a statement proving a direct deposit showing amount or another verification showing monthly social security income.

- _____ 8. 18 yr old dependents (not head of household) must provide proof from a school or college verifying 12 full time credits being taken in order to get a dependent allowance.

- _____ 9. All S/M Enrolled Tribal Members applying for the Homebuyer Program that have a Tribal Land Assignment must attach a copy of the Land Assignment.

You can NOT apply for Housing if any of the following applies!! We will verify the following information. If you provide false information your application will be denied and you will not be allowed to reapply for at least 60 days.

****Read each item, initial each showing you have read and understand!**

CRIMINAL ACTIVITY:

The DCH **PROHIBITS** the admission of persons who are currently engaging in or have engaged in the following activity within two (2) years before the admission decision:

- 1) Drug-related criminal activity
- 2) Violent criminal activity, which is defined as a crime that has of one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause serious bodily injury or property damage.
- 3) Other criminal activity that would threaten the health or safety or right to peaceful enjoyment of the premises by other residents
- 4) Other criminal activity that would threaten the health or safety of the Tribe and its officials or employees.

_____ Initial

SEX OFFENDERS:

DCH also **PROHIBITS:** Any person who is the subject of a lifetime registration requirement under a State sex offender registration program. A tribal member may request a waiver to be allowed to apply for Housing from Tribal Council.

_____ Initial

OUTSTANDING DEBT OR JUDGEMENTS OWED:

Applicant must cure all outstanding debts owed to the DCH and judgements owed to the Tribe before an application will be considered.

_____ Initial

PREVIOUS EVICTION FOR DRUG RELATED CRIMINAL ACTIVITY:

Any applicant previously evicted by DCH for drug related criminal activity will not be eligible for any type of housing for five (5) years after the eviction AND:

- a. The applicant can show that he/she has completed a drug rehab program; OR
- b. The applicant can show that the circumstances that led to the eviction no longer exist (for example, the household member who engaged in the prior criminal activity is no longer a part of the household).

_____ Initial

All applicants are responsible to make the Division of Community Housing aware of any changes in address. Failure to do so can result in the Housing office being unable to contact the applicant when a unit is available. Mail returned from requests to update information to select a person/family, will result in the applicant's name being taken off from the waiting list.

All adults aged 18 years or older must sign every page of this application.

I/we certify that the information presented on this application for housing is true and correct to the best of our knowledge and belief. I/we are aware there are penalties for fraud and know that supplying false information can lead to a denial in selection for housing.

- 1. _____ date _____
- 2. _____ date _____
- 3. _____ date _____
- 4. _____ date _____

I/we also understand that we can be fined up to \$10,000.00 or imprisoned for up to five (5) years, and/or lose the subsidy and have the rent increased retro-actively (per policy), for providing false or incomplete information.

- 1. _____ date _____
- 2. _____ date _____
- 3. _____ date _____
- 4. _____ date _____

Division of Community Housing



Application

N8618 Oak Street • Bowler, WI 54416 • Voice: 715-793-4219 • FAX: 715-793-4529

Applicants current information:

Applicant Name _____
Current address _____

Home phone _____ work phone _____
How long at this address _____

Employer name _____
Address _____

Employer phone _____
How long employed _____ Supervisor _____

Complete landlord information is required. Incomplete information will delay your application from being placed on the list and may delay you being selected. Per policy a parent or relative is not considered a landlord.

Current Landlord
Address _____

Telephone _____

Previous Landlord
Address _____

Telephone _____

I certify that the information presented here is true and correct to the best of my knowledge. I am aware of the penalties for fraud and I know that supplying false information can lead to a denial in selection for housing or eviction. It may lead to the Housing office to not be able to contact me if or when a unit becomes available.

Applicant signature _____ date _____
Spouse/other adult _____ date _____
Other adult _____ date _____
Other adult _____ date _____



Mohican Nation—Stockbridge-Munsee Band

Application for Housing

Household Composition:

Starting with the Head of Household, list all persons that would reside in a unit:

Name	Soc. Sec.#	Birthdate	gender (female/male)	relationship (head, spouse, child)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

Please list **ALL** sources of income and amount per **EVERY** household member:

Name	Source	Amount	weekly/monthly?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

If you own any assets; land (not reservation), a home (not a trailer home), savings & investments or interest income, please list the asset and the current value; **You must provide verification of the worth of your asset and the fair market value of a home with this application:**

HOME/CONDO/APART. BLDG _____	Fair Market Value \$ _____
Other asset type _____	value _____
Other asset type _____	value _____
Other asset type _____	value _____

I/We certify by our signatures below that the information provided is true and complete to the best of our knowledge and belief. I/We understand that I/we can be fined or imprisoned for fraud for providing false information. I/we understand that my/our providing false information on an application can result in me/us being denied for selection to occupy a Federally subsidized housing unit.

1. _____ Signature of Enrolled or other head of household	date _____
2. _____ Signature of other adult	date _____
3. _____ Signature of other adult	date _____
4. _____ Signature of other adult	date _____

Division of Community Housing

N8618 Oak Street • Bowler, WI 54416 • Voice: 715-793-4219 • FAX: 715-793-4529

Division of Community Housing Application for Housing

In order to verify the children under the age of 18 years old that will be in your household, you must provide the birth certificates for each child to Housing Office staff when you submit your application. Birth certificates cannot be copied. Two (2) DCH staff must review and witness the birth certificates and sign this form indicating they have seen the certificate of birth, as verifying information presented with the application for Housing.

Head of Household name: _____

Head of Household Signature: _____ date _____

You, the applicant must provide the following information about each child you are listing in your household:

<u>Child's name</u>	<u>date of birth</u>	<u>Where applicable Mother's name</u>	<u>Where applicable Father's name</u>
---------------------	----------------------	---	---

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSING STAFF ONLY TO COMPLETE:

By our signatures on this sheet, we have reviewed the birth certificate(s) for the child/children as listed above;

<u>2 Housing Staff Signatures Required</u>	<u>Title</u>	<u>Date</u>
--	--------------	-------------

_____	_____	_____
_____	_____	_____



Mohican Nation—Stockbridge-Munsee Band

Division of Community Housing



N8618 Oak Street • Bowler WI 54416 • Voice: 715 793-4219 • FAX: 715-793-4529

Authorization for the Release of Information

Purpose: The Division of Community Housing (DCH) may use this authorization and the information obtained to administer and enforce Federally Subsidized Housing Program rules and policies.

Authorization: I authorize the release of any information including documentation and other material pertinent to eligibility for participation under any of the following programs: LOW INCOME RENTAL HOUSING, HOME OWNERHIP PROGRAM, SECTION 8 VOUCHER PROGRAM. I authorize the DCH to obtain information about me or my family that is pertinent to eligibility for participation in federally assisted housing programs. I authorize the DCH to obtain information on wages, unemployment compensation, and any other sources of income.

Information Covered: (inquires may be made about)

Employment	Pensions, Assets	TANF
General Assistance	Federal, State, Tribal, or Local benefits	Credit History
Child Care Expenses	Handicapped Assistance Expenses	
Criminal Activity	Identify Marital Status	
Family Activity	Medical Expenses	
Residents Rental History	Social Security numbers	

Individuals or Organizations that may release information: Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and other financial institutions	Welfare Agencies
Tribal and County Courts	Providers of: Alimony, Child Care, Child support
Law Enforcement agencies	Credit
Credit Bureaus	Handicapped Assistance
Medical Care	Landlords
Schools and Colleges	Pensions/Annuities
US Social Security Administration	Utility Companies
US Veterans Affairs	Employers

Conditions: I authorize that photo copies of this authorization for the purpose stated above may be used. If I do not sign this authorization, I understand that my housing assistance may be denied or terminated.

 Head of household signature Social Security # date

 Spouse or Other Adult signature Social Security # date

 Other Adult signature Social Security # date



Mohican Nation—Stockbridge-Munsee Band

Division of Community Housing

N8618 Oak Street • Bowler, WI 54416 • Voice: 715-793-4219 • FAX: 715-793-4529

Applicant / Tenant Certification

Giving True and Complete Information

I/we certify that all information provided in this application or any future certifications required if I/we are selected to rent or buy a home, will contain true and complete information regarding; who is in my household, household income, family assets, and items for allowances and deductions that are accurate and complete to the best of my/our knowledge.

Reporting Changes in Income or Household Composition

I/we know I/we are or will be required to report in writing any changes in income and/or changes in my household, per policy. I/we know I/we are required to follow the lease and policies in regards to visitors and guests, and that I/we must request in writing permission to add someone to the household prior to allowing anyone to live in the unit.

Reporting Prior Housing Assistance

I/we certify that I/we have disclosed where I/we have received any previous Federal Housing Assistance and whether or not any money is owed. I/we certify that for this previous assistance I/we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I/we certify that the house or apartment will be my principal residence and that I/we will not obtain duplicate Federal Housing Assistance while I/we are in this current program. I/we will not live anywhere else without notifying the Housing Office immediately in writing. I/we will not sublease the assisted residence.

Cooperation

I/we know I/we are required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing required forms. I/we understand that failure or refusal to do so may result in delays, termination of assistance or eviction.

Criminal and Administrative Actions for False Information

I/we understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for denial of housing assistance and/or termination of tenancy.

Signature _____	date _____
Signature _____	date _____
Signature _____	date _____
Signature _____	date _____



Mohican Nation—Stockbridge-Munsee Band

!!Before signing this page please be aware that we do access the WI State Circuit Court Access Program on the internet that gives public information on crimes and convictions!!

Have you, the applicant or any other adult in your household, ever been found guilty of, entered a plea of no contest, or guilty to any offense under Federal, State, or Tribal law involving crimes of violence and/or, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution? Yes _____ No _____
If yes, describe who and when: _____

Have you, the applicant or any other adult in your household ever been found guilty of, entered a plea of no contest, or guilty to any offense under Federal, State, or Tribal law involving crimes against persons, which may include but are not limited to; assault, battery, disorderly conduct, resist/obstruct, theft, homicide, etc...? Yes _____ No _____

If yes, describe who and when: _____

Have you, the applicant or any other adult in your household ever been found guilty of, entered a plea of no contest or guilty to any offense under Federal, State, or Tribal law involving illegal activities which may include but are not limited to; manufacture, sell, distribute, possession or use of a controlled substance or drug paraphernalia, (with intent to manufacture, sell, distribute or use) as defined under Federal Law? Yes _____ No _____

If yes, describe who and when: _____

Have you, the applicant or any other adult in you household ever been found guilty of, entered a plea of no contest or guilty to any offense under Federal, State, or Tribal law involving the illegal use of alcohol, which may include but are not limited to; underage drinking or underage possession of alcohol, homicide by the intoxicated use of a vehicle, OWI, etc..? Yes _____ No _____

If yes, describe who and when: _____

All applicant(s) and references must be satisfactory to the Landlord. Landlord will not be bound and possession will not be given until lease is signed by Landlord and delivered to Applicant. Landlord assumes no responsibility to the applicant for delay or failure to give possession due to failure of applicant to present true and current information, or because current occupant has not vacated, or for any other reason. Applicant acknowledges that Landlord is relying on the statements made above. Applicant warrants that any and all information and statements made on this application are true. **According to Policy, supplying false information will result in Applicant(s) being denied housing.**

Signature

Date

Signature

Date

Division of Community Housing

N8618 Oak Street • Bowler, WI 54416 • Voice: 715-793-4219 • FAX: 715-793-4529

Request for Emergency Housing

If you are not homeless or in an emergency situation, you do not need to complete this form.

If you are homeless or in an emergency situation, please read the following and complete the information below.

The Division of Community Housing **does not** have units available for a person that is homeless or has an emergency housing need. This office uses this information strictly to make a referral to the Department of Family Services here on the Stockbridge-Munsee Reservation. The Department of Family Services has an "Emergency Shelter". A person or family, if approved by Family Services, may stay at the shelter for up to a maximum of 60 days while looking for a place to live.

Your name _____
Address _____

Phone number you can be reached at or where a message can be left for you:

Reason you are homeless or consider your self in an emergency:

Being evicted _____ was evicted _____ domestic _____ Fire _____
tornado _____ wind/storm damage _____ bankruptcy _____

Current residence has been determined to be substandard _____ OR

Other reason: (explain) _____

Evictions must be verified with a copy of an eviction letter from the landlord that is evicting you. For all other situations, you must provide the name of a contact person that can verify your situation.

Contact: _____
Address _____

Phone # _____



Mohican Nation—Stockbridge-Munsee Band

Division of Community Housing

N8618 Oak Street • Bowler, WI 54416 • Voice: 715-793-4219 • FAX: 715-793-4529

Emergency Contact Information

In case of emergency, death or mental incapacity, ONLY the following person (s) may be contacted and/or allowed entry into the apartment that I am occupying or may be selected to occupy through the Division of Community Housing:

Name	Relationship of Lease Holder	Phone #
------	------------------------------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature below, I hereby hold the Landlord harmless for any loss or theft of property removed or occurring on or about the premises due to my authorization of allowing those persons listed above to enter any apartment that I occupy.

I am aware that I may change the names of persons allowed to enter the apartment, at any time, by contacting the Landlord and completing a new form which will then void this form.

Applicant/Tenant

Date

Other Adult in Household

Date



Mohican Nation—Stockbridge-Munsee Band

Division of Community Housing

N8618 Oak Street • Bowler, WI 54416 • Voice: 715-793-4219 • FAX: 715-793-4529

Current or Past Landlord Information

The signature attached or on this form authorizes you to release information concerning a person that has listed you as a current or past Landlord.

Landlord name _____
Address _____

Telephone # _____
Address of unit rented _____

Tenant signature _____ date _____
AA

This section to be completed by the Landlord listed above ONLY !

1. Dates rented to above signature: Move in date _____ Move out date _____
2. Number of bedrooms _____
3. Monthly rent amount \$ _____
4. Is or has tenant ever been behind on payments? _____
If yes, how often in past year _____
current amount owed in arrears: \$ _____
5. Is or has tenant ever been behind on utility payments? _____
If yes, how often in past year _____
current amount owed in arrears \$ _____
6. Has tenant or household or guests caused any type of damage to the unit that could Have been prevented? _____ If yes, please explain: _____

7. Have you taken action against this tenant or his/her household or guests for disturbing the neighbors? _____ If yes, please explain: _____

8. Would you rent to this person/family again? _____ If no, please explain why _____

9. Any other comments you would like to make? _____

Landlord's signature _____ date _____
Phone number _____ Thank you for your assistance.



Mohican Nation—Stockbridge-Munsee Band