

**Stockbridge Munsee Division of Community Housing**

**HOME RENTAL PROGRAM  
APPLICATION**

Requirements for your application to be considered "complete" and have your name placed on the waiting list are:

1. Applicant must provide a copy of your Stockbridge-Munsee enrollment card. If you are not enrolled Stockbridge Munsee but are a descendant.
2. Applicant must provide a copy of descendant verification.
3. If you are not enrolled or descendant of Stockbridge-Munsee, you must provide verification of the tribe you are enrolled in.

Your failure to provide any of the information listed above will result in your application being returned to you as incomplete. Incomplete applications do NOT get placed on the waiting list.

Applicant: I understand that I am responsible to make the Division of Community Housing aware of any changes in my address, phone number, etc. Failure to provide current information can result in my application being taken off the waiting list, I certify that the information presented in this application is true and correct to the best of my knowledge. I am aware that providing false information can lead to a denial un being selected for the tribal home rental program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*\*\*

**HOUSING STAFF ONLY:**

Date of application received and reviewed: \_\_\_\_\_

Time application received: \_\_\_\_\_

Application received by: \_\_\_\_\_

Applicants' current information:

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

How long at address provided: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Employer Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

How long employed here: \_\_\_\_\_

Gross Monthly Income (entire household): \_\_\_\_\_

Monthly Net Income(entire household): \_\_\_\_\_

Any other income: \_\_\_\_\_

List all persons that will reside in unit, including yourself: (Full name and Birthdate required)

Full Name

Birthdate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit history is important to us. Do you have any of the following (circle):

Outstanding Judgments?      Yes    No

Outstanding Collections?      Yes    No

Bankruptcy?      Yes    No

**\*Please be aware we will run your credit report when you are being considered for a unit.**

Provide a bank reference here: Bank Name: \_\_\_\_\_

Type of Account: \_\_\_\_\_

## **REQUIRED LANDLORD INFORMATION**

**You must provide three(3) landlord names: If you have not had three landlords in the past, please indicate so in the area below.**

**Current Landlord:** \_\_\_\_\_

**Landlord Address:** \_\_\_\_\_

**Landlord phone #:** \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Have you ever been evicted?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate the reason why. \_\_\_\_\_

**Please list your vehicle(s) information: Make** \_\_\_\_\_ **Model** \_\_\_\_\_  
**and license plate number** \_\_\_\_\_

**I certify that the information presented in this application is true and correct to the best of my knowledge. I am aware that are penalties for fraud, and I know that supplying false information will be ground for being denied housing and/or being evicted. 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 Application(s) being denied housing.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*Before signing please be aware that we do access the WI State Circuit Court Access Program that gives public information on crimes, convictions, and illegal activities!**

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, etc.....? Yes \_\_\_ No \_\_\_

If yes, describe who and when:

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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:

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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), etc.... as defined under Federal Law? Yes \_\_\_ No \_\_\_

If yes, describe who and when:

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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 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:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# AUTHORIZATION FOR THE RELEASE OF INFORMATION

**Purpose:** The Stockbridge-Munsee Division of Community Housing (DCH) may use this Authorization and the information obtained to conduct a check of my credit and prior rental histories as part of my application for an apartment in the Stockbridge-Munsee Community Apartment Buildings.

**AUTHORIZATION:** I hereby authorize the release and disclosure of written and verbal information relating to my financial history, previous rental experiences or other related information to the DCH by credit agencies, financial institutions, companies, corporations, persons, educational institutions, law enforcement agencies, courts, former employers, and military services. I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information.

I further authorize the use of facsimile, photocopy, or email of this form for the release or disclosure of information for the purpose described above.

I understand that this Authorization, except for action already taken, may be voided by me at any time, If I do not void this Authorization, I understand that it will automatically end when a decision is made as to my rental application.

**APPLICANT:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Social Security #)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date of Birth)