



OFFICIAL USE ONLY App #: _____
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HOUSING APPLICATION

Please complete the information requested below. **If you need assistance completing this application, please call the Nottawaseppi Huron Band of Potawatomi (NHBP) Housing Department toll free 866-499-5151. Thank you!**

1. APPLICANT INFORMATION

a. Last Name	b. First Name	c. Middle	d. Prior Last Name(s)
e. Tribal Enrollment Number	f. Street Address or P.O. Box	City	State Zip Code
g. Date of Birth	h. Telephone Number	i. Alternate Number or Contact Information	
j. Social Security Number		k. Drivers License Number	

2. HOUSEHOLD COMPOSITION

a. Name of Each Household Member	b. Relationship to Applicant	c. Date of Birth	d. Sex	e. Age	f. Enrollment #	g. Social Security & Drivers License Number	h. Present Household Member
<i>Head of Household:</i>	<i>Self / Applicant</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

i. Is there anyone in your household who is pregnant? Yes No

If yes, please list their name and anticipated due date:

3. CRIMINAL HISTORY

a. Have you or any member of your household ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the crime and state(s) committed?
b. Are you or any member of your household presently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are you or any member of your household presently on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No



Nottawaseppi Huron Band of the Potawatomi
Housing Department

4. HOUSEHOLD INCOME

Please list below the annual income of each Household Member 18 years of age or older. If a Household Member is not receiving income, please list "no income".

a. Name (Applicant first then spouse, if applicable)	b. Source(s) of Income / Employer(s)	c. Years at Job	d. Amount
e. Total:			

5. HOUSING HISTORY

a. Address (Address, City, State, Zip Code)	b. Rent / Owned	c. Years of Occupancy	d. Monthly Payment	e. Eviction or Foreclosure
<i>Current Residence:</i>	<input type="checkbox"/> Rent <input type="checkbox"/> Own			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. GENERAL INFORMATION

a. How many Household Members are 17 years of age or younger?	Number:
b. How many Household Members are NHBP Tribal Members?	Number:
c. Of those who will be residing with you, is one of them your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you or any Household Members who are 18 years of age or older presently unemployed? If yes, please list the unemployed Household Member(s), how long and why unemployed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you or any Household Members receiving public assistance of any kind? If yes, please list who is receiving the assistance and what type:	<input type="checkbox"/> Yes <input type="checkbox"/> No



Nottawaseppi Huron Band of the Potawatomi
Housing Department

<p>g. Have you received any kind of prior housing assistance from the NHBP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list assistance and approximate dates received:</p>
<p>h. Are you presently receiving any other services or assistance from the NHBP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:</p>
<p>i. Do you or any Household Member owe money to the NHBP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list amount and type of debt:</p>
<p>j. Are you or any Household Member in the process of filing, considering filing for bankruptcy, or have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list when the bankruptcy was filed or when you plan to file and why:</p>
<p>k. Are you presently behind on payments for any kind of debt; or have you ever been behind on payments; or have you ever not paid a debt (car payments, credit cards, medical bills, or other debts)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your unpaid and/or delinquent debts:</p>
<p>l. Have you applied for any type of loan or credit in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the loan applied for and the outcome:</p>
<p>m. Would you consider your present credit to be less than good? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>n. Are you the foster parent of a NHBP child or children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many foster children are in your care:</p>
<p>o. Is there a major event in your life right now that is affecting your housing situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>p. Are you or anyone in your Household in need of a home that is accessible to a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain accessibility needed:</p>



r. Is there anything else you would like to share with us that may have an impact on your present or future housing condition? Yes No

If yes, please explain:

7. CERTIFICATIONS

As the Applicant and Household Members 18 years old and older, you must read the terms listed below, sign and date that you understand and agree to them. As you read, please sign your initials on the line at the end of each paragraph. Please contact the Housing Department at the number listed on the first page of this document if you need assistance understanding these terms or the application process in general.

- a. **Application.** I understand that this application starts the process of applying for housing assistance. The purpose of this application is to obtain basic information necessary to begin my Household Need Assessment – a tool used to determine the housing program(s) for which I am eligible and that would be most suitable based on my present housing situation, finances, credit, and other factors that affect my housing status. Once my Household Need Assessment is complete and I am determined eligible and suitable for a program, I understand that I will then sign an Application that contains all verified eligibility and Household information. _____
- b. **Eligibility Documentation.** Based on the information I have provided in this Application, I understand that I may be asked to complete additional forms and documentation, including personal financial information, as part of my Household Need Assessment. It is my responsibility to provide all documentation and information necessary to support my eligibility and suitability for admission into a housing program. I also understand that the Housing Department, upon my request, will make every effort to assist me in completing this Application so that I have a fair opportunity to be eligible. _____
- c. **Program Counseling.** I understand that as a condition of admission into any NHBP housing program I may be required, based on my Household Need Assessment, to attend mandatory workshops or counseling with the NHBP Housing Department to best ensure that my experience in a housing program is successful. _____
- d. **Program Training.** I understand that as a condition of admission into any NHBP housing program I may be required, based on my Household Need Assessment, to attend mandatory training on homeownership, budgeting, credit, or other training. _____
- e. **Waiting List.** I understand that I may be placed on a waiting list. During my time on the waiting list, I must renew my application annually or as my Household status changes. I must also provide any updated information at least annually and whenever requested by the Housing Department to ensure that I remain eligible while on a waiting list. _____
- f. **Credit Check.** I authorize the NHBP Housing Department to obtain a report of my credit and understand that I will be given a courtesy copy of the report during my Household Need Assessment meeting with housing staff. _____
- g. **Background Check.** I understand that if I am being placed into a NHBP Housing Department owned or operated housing unit I must receive a criminal history review. The Department must also review past and present employment and housing information to conduct the Household Need Assessment. Therefore, I authorize without reservation the NHBP to acquire information concerning my employment, housing and criminal histories. I understand that inquiries may be made to various federal and state agencies, employers, and references for the purpose of seeking information as to my personal characteristics, credit worthiness, employment status and criminal history. _____
- h. **Complaints and Appeal.** I understand that should I be denied housing assistance and feel that such decision is in error, I may appeal the decision. _____
- i. **Fraud.** I understand that if I provide any intentionally misleading information to the NHBP Housing Department on this form, by word or other means, it shall be considered an attempt to deceive and will result in immediate suspension of the application process and denial of housing assistance. I understand that I have full access to



Nottawaseppi Huron Band of the Potawatomi
Housing Department

Housing staff to answer any questions I may have or to assist me with compiling documentation I need to apply for a Housing program. _____

- j. **Conflict of Interest.** I understand that eligibility for programs and admission into units operated by the Housing Department shall be fair at all times and in all respects. Tribal Council and the Housing Department employees shall be fair and impartial in selecting people to participate in programs of the Housing Department. All elected officials and employees are prohibited from making determinations based in whole or in part on family ties, political views, or personal bias. I understand that I am to make no efforts to influence the admissions process by lobbying housing staff or Tribal Council members and if I feel a decision is in error I will follow the grievance policy and procedures identified in *Paragraph i.* above. _____

I understand and agree to the above terms and certify that all information listed on this form and provided in support of it is true and accurate, to the best of my knowledge.

 Applicant / Head of Household Print Name and Signature

 Date

 Household Member Print Name and Signature

 Date

 Household Member Print Name and Signature

 Date

 Household Member Print Name and Signature

 Date

 Household Member Print Name and Signature

 Date

OFFICIAL USE ONLY:

<i>Application Received (date/time) By:</i>					