Application for Mille Lacs Band Elder Housing Renovation



Please review the Mi	ille Lacs Band Elder	Housing Policy for requiren	nents before complet	ing this application.
Applicant Name (s):				-
Date of Birth:		Mille Lacs Band Enrollment #:		
Address of Primary I (Must be the same as		e)		Year Built:
Is this a privately ow	rned home ? yes /		on fee or trust land?	
		who have ownership interest ucted to verify ownership.)	in the property. (To c	qualify, must include
Please list the addres	s (es) of all other res	dences that you've held sinc	e becoming an Elder	(55):
Street Address		City, State and Zip Code		Dates of Occupancy
Street Address		City, State and Zip Code	 e	Dates of Occupancy
Please attach list if m	nore room is needed.			
list the projects, inclu	ude: who completed t	ing Department done any wo he work, type of work done, ssist department staff in review	, approximate dates a	and costs. Provide as
Project Date	Project Cost	Brief Description	n of Project	Contractor Name
				-
				-
				<u> </u>

Please attach list if more room is needed.

are necessary. As a part of the application proce the Mille Lacs Band Housing Department staff.	•	y a qualified member of	
Please attach list if more room is needed.			
Please read the following statement before si This is only an application for an Elder Renova repairs will be completed. Also, I understand the retention agreement prior to the start of constru	tion. I understand that it does not guarar at if a renovation is approved, I will be		
Applicant Signature	Co- Applicant Signature	Date	
Daytime Phone:	Alternate Phone #:		

Mille Lacs Band of Ojibwe Housing Department, 43408 Oodena Drive, Onamia MN 56359 Phone: (320) 532-7448 Fax: (320) 532-4192