

Mille Lacs Band Housing Rental Program

Thank you for your interest in applying for admission into the Mille Lacs Band Housing Rental program. Please take a few moments to read the following information about the program and the <u>information you will need to provide with the application</u> for admittance into the Mille Lacs Band Rental Program and onto the waiting list.

The following is an overview of the Program; currently the Mille Lacs Band Housing Rental Program offers housing rental options in 5 areas within the 3 service Districts of the Mille Lacs Band Housing Department. They are listed below:

District 1 - Onamia

District 2 – McGregor

District 2A - Isle

District 3A - Lake Lena

District 3H – Hinckley

The Mille Lacs Band Rental Program offers three options, they are:

- 1. Elder Rental Units (55 and older); next available unit goes to oldest applicant
- 2. Regular Rental Units minimum income required see included sheet
- 3. Low Rent Units HUD based housing with Federal Requirements and Regulations

During the application intake process, the applicant lease holder(s) will be required to submit to a background check to process the rental application. This background check will be paid for by you through a Per Capita deduction form. Enclosed you will find the Tribal Bonus Deduction form to complete. This form authorizes the Housing Department to deduct the cost of the background check from your per capita payment. If the background check has revealed no background history that would exclude you from the program, the cost of the background will be applied to your damage deposit upon acceptance of a rental unit.

In the event the background check <u>contains a history that would exclude</u> you from the Housing Rental program, the Per Capita deduction form will be submitted to OMB to recover the cost of the background check for the housing department.

Please note: the cost of the background check varies. You will be given the receipt to show the cost of your background check.

Enclosed is a Rental Admission Policy – Section II Rejection Criteria listing. This list indicates cause for immediate exclusion from the rental program. Other circumstances can and will be considered as well.

Applicant(s) must be in good standing with Community Development in order to be placed on the Rental Housing List.

In order to fully complete an application for housing, the following documents must be submitted:

- 1. A fully completed Mille lacs Band Housing Application.
- 2. A fully completed Pre-Tenancy Screening Questionnaire for each adult.
- 3. A fully completed Disclosure and Release of Information Authorization for each adult.
- 4. A fully completed Tribal Bonus Deduction Form for each adult.
- 5. A fully completed OMB Income Verification Request form for each adult.
- 6. Income verification for each adult:
 - a. Check stubs from your employer going back at least two months
 - b. TANF
 - c. Child support
 - d. All other sources of income
- 7. To determine family composition and household size, the required documents will need to be provided;
 - a. Tribal ID
 - b. Social Security cards for all members listed on the rental application
 - c. Birth Certificates for all children listed on the rental application
 - d. Documentation supporting Legal Custody or Guardianship of listed children

REGULAR RENT MINIMUM MONTHLY GROSS INCOME REQUIREMENTS

Bedroom Size	Minimum Gross Income		
2 Bedroom	\$1,400.00		
3 Bedroom	\$1,600.00		
4 Bedroom	\$1,900.00		
5 Bedroom	\$2,100.00		



Rental Admission Policy Section III Rejection Criteria

Section III Rejection Criter	na e
A. Arson	
i. Of Band property	Lifetime Ban
ii. Other	10 Years
B. Assault on person	
i. Third degree	2 Years
ii. Second degree	5 Years
iii. First degree	7 Years
C. Assault against property	
1 vear OR u	intil damage is paid for
	-
D. Burglary	3 Years
E. Drugs	
i. Intent to Sell/Distribute	5 Years
ii. Manufacture of Meth	Banned for Life
iii. Possession of Controlled Substance	
1. First through Fifth Degree	3 Years
2. Importation	3 Years
3. Misdemeanor Drug Possession	
F. Eviction or Lease Termination for Drug-Related Cr	riminal Activity
	5 Years after Eviction
G. False Imprisonment	3 Years
H. Forgery of Checks	1 Year
I. Kidnapping	5 Years
J. Homicide	
i. First Degree	Lifetime Ban
ii. Second Degree	Lifetime Ban
iii. Third Degree Murder	Lifetime Ban
iv. First Degree Manslaughter	10 Years
v. Second Degree Manslaughter	5 Years
K. Sex Crimes	
i. Criminal Sexual Conduct	5 Years
ii. Registered Sex Offender	
Benefit of Soft Official	Lifetime Ban
L. Theft against the Band	Lifetime Ban

1 year OR until amount repaid

M. Gang Member Status

Lifetime Ban

N. Previous eviction for abandonment, non-payment of rent, or damage to rental unit 2 Years



MILLE LACS BAND HOUSING APPLICATION

Which district are you app	lying for?			
DI - Mille Lacs DIIIH – Hinckley	DII - East Lake DIIIA - Lake Len	DIIA - IS	SLE	
Is the Applicant a Mille Lacs Is the Applicant disabled wi If you are disabled, do you	th Social Security Bene	efits?	ollment # Yes access?	☐ No 'es ☐ No
Applicant Full Legal Name	Soc. Sec. No.	Date	of Birth	Telephone #
Mailing Address	City	State	Zip Co	ode
Employer	City	State	Telephone#	Dates Employed
Occupation		hly Income		How Long Employed?
Email address to send le	tters of other commu	mication:		
Co-Applicant Legal Name		Date of Birth	1	Enrollment #
Co-Applicants Employer	City	State	Telephone#	Dates Employed
Occupation		Monthly Inco	ome	How Long Employed?
Legal Name Other Househo	d Member over 18	Date of Birth		Enrollment #
Employer City	State	Telephone#	Dates	Employed
Occupation		Monthly Inco	ome	How Long Employed?

UPDATE EVERY 6 MONTHS

Recipient	mation (i.e. AFDC, Social Sect Source Name & Address	Amount Monthly	
	sons that will be moving into		ages if needed):
Name of Family Mer 1.	nber Relation to Applic	antDate of Birth Age Se	x SS#
2.			
3.			
4.			
5.			
6.			
7.			
8.			
List last 3 years previ Landlord or Mortgag	_	Address Pay	ment Amt. Date of Residency
Housing Department	to verify the information I \parallel	have provided. I understand	nission to the Mille Lacs Band I and agree that if I provide false ousing Department program(s).
Applicant Signature	Date	Co-Applicant Signature	Date

UPDATE EVERY 6 MONTHS



The McDowell Agency, Inc. 1101 North Snelling Avenue St. Paul, MN 55108

Telephone: (651) 644-3880 Toll Free: (877) 644-3880

Fax: (651) 644-3877

Release of Information

PLEASE PRINT LEGIBILY

Legal Name:	-						
	First		Λ	Iiddle	Las	st	
Date of Birth:	/		Gender: M/F	Social Secu	rity Number:		<u>.</u>
Driver's License Nu	mber:				State Issued:		
Email Address							
Please list all addres	ses for th	e past seven y	ears (attach additional	sheets if necessary	r):		
Current Home Address:	Street		Apt	City	County	State	Zip Code
Past Home Address:	Street		Apt	City	County	State	Zip Code
Past Home Address:	Street		Apt	City	County	State	Zip Code
Past Home Address:	Street		Apt	City	County	State	Zip Code
List any other names	s you hav	e used (attach	additional sheets if nec	essary):			
	Name		Dates Us	sed	City		State
	Name		Dates Use	ed —	City	-	State
Have you ever been	convicted	l of a crime?	Yes / No If yes, ple	ease complete the	section below.		
Date (Please Explain		Offense		City	County		State

(Attach additional sheets if necessary)

I authorize all persons, schools, companies, corporations, state agencies, federal agencies, credit reporting agencies and law enforcement agencies to release information without restriction or qualification to The McDowell Agency, Inc. I hereby release The McDowell Agency, Inc. and the Mille Lacs Band of Ojibwe from any liability arising from the preparation of this report or investigation relating thereto to the extent permitted by law. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form or any application form, may be grounds for refusal to allow me any rental possibilities with this organization. Furthermore, I understand that any offer that has been made to me for the rental agreement is contingent upon full disclosure of requested information and subject to personal reference checks. I understand that the results of said background check may disqualify me from renting at and that any offer I have received is contingent upon this report and may be rescinded at any time as a result of findings deemed essential.

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original.

Signed	Date

Consumer Report/Investigative Consumer Report Disclosure and Release of Information Authorization

I authorize The Mille Lacs Band of Ojibwe and The McDowell Agency, Inc., a consumer-reporting agency, to retrieve information from all personnel, education institutions, government agencies, companies, corporations, law enforcement agencies at the federal, state, or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior landlords and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required, and I should direct my request to: The McDowell Agency, Inc., 1101 North Snelling Avenue, St. Paul, MN 55108. Phone 1-877-644-3880/651-644-3880.

If currently under lease:	My current landlord m	ay be contacted.		
	YES NO _	N/APost Hire	e Only	Applicant's Initials
Is tenancy in California? If you are applying for tenancy in California? Authorization is required for	ancy in the State of Califerany subsequent Consume	ornia, please note that a	new <i>Disclosure and Relec</i> onsumer Report.	use of Information
Are you applying for tenan If so, would you like a copy			YES YES	NO NO
I hereby certify that all the state best of my knowledge, a information has been omittee understand that by requesting authorization, be accepted we employed in the State of California and the state of California authorization.	and I understand that if suld, such false statements or ng this information, no properties the same authority as	bsequent to tenancy any comissions will be just comise of tenancy is be the original; and if that	such statements and/or are cause for the termination of ing made. I am willing accepted by the above-ne	nswers are found false of my tenancy. Further, that a photocopy of this
Signature			7.	
NOTE: The following information identification purposes in vertical to the second seco				
Last Name		First Name		Middle Name
Street Address		City	State	Zip
Driver's License Number		State of License	Expires on	Date of Birth
List any other CITIES AND STATES	S in which you have lived during t	he previous 7 years.		
List any other LAST NAMES you ha	ve used during the previous 7 year	rs.		
List any other LAMES NAMES under	er which you received your GED,	high school diploma, or other de	egrees.	

Para información en español, visite <u>www.consumerfinance.gov/learnmore</u> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - o you are the victim of identity theft and place a fraud alert in your file;
 - o your file contains inaccurate information as a result of fraud;
 - o you are on public assistance;
 - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357



COMMUNITY DEVELOPMENT DIVISION

TRIBAL BONUS DEDUCTION

By signing below, I,
I hereby acknowledge the following:
 That if my background check is acceptable I will be added to the Housing Waiting List. This fee will be retained by Housing and credited toward my security deposit when I do move into a rental unit. If I choose not to accept a rental unit, this fee will be forfeited to pay the cost of the background check fee.
2. That if my background check is NOT acceptable, this fee will be used to pay the cost of the background check and I will not be added to the Housing Waiting List.
I understand that this deduction may exceed the 70% cap placed on bonus deductions and choose this deduction anyway. This deduction is not revocable until this debt has been paid in full. This is a voluntary action and not a garnishment. I understand:
Dated this day of, 20
Signature of Band Member
Social Security #
Tribal ID #

OFFICE OF MANAGEMENT AND BUDGET

INCOME VERIFICATION REQUEST

l,		sw Lednestjud 9 t	rintout of my
Per Capita / Pa	yroll (circle one) income for the t	lme frame (dates)	months
	I would like this report to t	pe sent to Hous	119 11
Lwill pick it op.			
i understand ti	nat OMB has 3 (three) business d	lays to produce this inform:	ation for me.
Enrollment # or l	Employee #	•	
ilgnature	Date		