

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

A. Arson	OCD 1	T'C' D
	Of Band property	Lifetime Ban
ii.		10 Years
B. Assault on		2 Years
	Third degree	5 Years
ii.	Second degree First degree	7 Years
C. Assault aga	_	/ Icais
O. Assault aga		
	1 year OR u	ntil damage is paid for
D. Burglary		3 Years
E. Drugs		
7.0	Intent to Sell/Distribute	5 Years
ii.	Manufacture of Meth	Banned for Life
iii.		
	1. First through Fifth Degree	3 Years
	2. Importation	3 Years
	3. Misdemeanor Drug Possession	
F. Eviction or	Lease Termination for Drug-Related Cr	iminal Activity
		5 Years after Eviction
G. False Impri	sonment	3 Years
H. Forgery of (1 Year
I. Kidnapping		5 Years
J. Homicide		
i.	First Degree	Lifetime Ban
ii.	•	Lifetime Ban
iii.	Third Degree Murder	Lifetime Ban
iv.		10 Years
v.	Second Degree Manslaughter	5 Years
K. Sex Crimes		
	Criminal Sexual Conduct	5 Years
	Registered Sex Offender	Lifetime Ban
L. Theft again	st the Band	
	1 year OR u	ntil amount repaid

Lifetime Ban

M. Gang Member Status



MILLE LACS BAND HOUSING APPLICATION

District Applying for:	Are you a Mi	ille Lacs Band Membe	r?Enrolln	nent #
Full Legal Name	Soc. Sec. No.	Date of Birth	Telephone	# Texting: Yes or NO
Current Address	City	State	Zip Code	OWN or RENT
Employer	City	State	Telephone#	Date Employed
Occupation		Income Per Month	How Long	Employed?
Co- Applicant Legal Name	1000		Date of birth	
Co-Applicants Employer	City	State	Telephone#	Dates Employed
Co-Applicant Occupation		Income Per M	Ionth Ho	w Long Employed?
Email Address availab Other Income Information Recipient Source		ocial Security, Veterai	ns, Unemployment nt Monthly	t, Financial Aid) Date Received
Present Housing	Size	Type Genera	al Condition	

UPDATE EVERY 6 MONTHS

FAMILY DATA (All family that will be moving into Unit) All information is needed to be complete

Name of Family Mem	ber Relation to I	Family Head	Date of Birth	Age	Sex	SS# or Copy of cards
1.						
2.	10 T-					
3.						
4.						
5.						
6.			0.10			
7.						
8.			1000			- 52-50-500
Would you be willing unit? Yes □ No □ List	to move to a housing		r community, if	you wer		eive a rental
	& Address of Mor		Landlord Pa	yment A		How Long
						-10
200						3/4.01-3
Are you liable for Ali	mony, Child Suppor	rt or Maintenan	ce payments? If	yes, am	ount pe	r month:
Have you ever filed fo Organization in hand					other pe	erson or
Have you ever obtaine Business reference:	ed credit in another	name?	If yes, give name	(s):		72 - 3.3.
I certify that the above Housing Department false or misleading interprogram(s).	to verify the inform	ation I have pro	vided. I underst	and and	agree '	that if I provide
Applicant Signature	Date	Co-App	olicant Signature	<u> </u>	Dat	re

Pre-Tenancy Screening Questionnaire

Please answer all questions. Failure to answer any questions or incomplete information on this form is grounds for immediate termination or disqualification for this program.

PLEASE PRINT LEGIBLY

1) Legal Name:	First		Middle		Lasl	
2) Date of Birth:	_//_	3)	Social Security	Number:		
4) Do you have a valid	d Drivers Lic	ense? Yes [No State	Numb	er	
5) Please list all addre						
Current Home Address	Street	Apt	City	County	State	Zip
Current Employer's Address:	Street	Apl	City	County	State	Zip
Past Employment/Home Address	Street	Apl -	City	County	State	Zip
Past Employment/Home Address	Street	Apl	City	County	Stale	Zip
Past Employment/Home Address	Streel	Apt —	City	County	State	Zip
) Have you used any of	her names in				Siate	
Name Used		Dales U		City		
Name Used		Dates U	sed	City	State	
Have you ever been conprisoned because of ANY vertenses. If more space is need	iolation of the	e law? If so	fill in below. D	ence, placed on Do not list mino	probation, or violations	or been or juvenile
•	3 ·					
e above information is true nd of Ojibwe, The McDowel kground. If chosen, this auti	Agency, Inc	c. and their .	Agents permiss	ion to perform	below, I git an investiga	oe Mille Li ution into
Signed		-		Dated	_	*

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

I authorize 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, credit reporting agencies, 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 employers 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., 1714 University Avenue West, St. Paul, MN 55104. Phone 1-877-644-3880/651-644-3880.

If currently employed:	My current employer	r may be contacted.		
	YES NC	N/APost H	ire Only	Applicant's Initials
Is employment/prospecti If you are applying for er Authorization is required f	inployment in the State o	f California, please note	that a new Disclosu	re and Release of Information
Are you applying for emp If so, would you like a cop	oloyment in California, N y of any Consumer Repor	Ainnesota, or Oklahoma t prepared on you?	?	YES NO YES NO
the best of my knowledge, or information has been or Further, I understand that b	and I understand that if sumitted, such false statements by requesting this informative period with the same authorized.	bsequent to employment this or omissions will be ton, no promise of emplo thority as the original; as	any such statements just cause for the t yment is being made nd if that employed	esume are true and complete to and/or answers are found false ermination of my employment e. I am willing that a photocopy by the above-named company such employment.
Signature				Date /
identification purposes in vo	rifying information on yo	ur Employment Applicati	on, FLEASE FI	Middle Name
Street Address		City	State	Zip
Driver's License Number		State of License	Expires on	Date of Birth
List any other CITIES AND STATE				
	S in which you have lived during	the previous 7 years.		
List any other LAST NAMES you ha				
	ave used during the previous 7 ye	ars.	egrees.	
List any other LAST NAMES you have list any other LAMES NAMES und	er which you received your GED.	high school diploma, or other d		
List any other LAST NAMES you ha	er which you received your GED.	high school diploma, or other d		



Tribal ID#

COMMUNITY DEVELOPMENT DIVISION

TRIBAL BONUS DEDUCTION

OFFICE OF MANAGEMENT AND BUDGET

INCOME VERIFICATION REQUEST

l,	am requesting a printout of my
Per Capita / Payroll (circle or	ne) income for the time frame (dates) t
I would	like this report to be sent to or
1 will pick it up.	
i understand that OMB has	3 (three) business days to produce this information for me.
Enroliment # or Employee #	
Signature	Date