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| ***Mille Lacs Band Transitional Housing Application*** | |  | | --- | |  | |  | 2007 MLB LOGO |
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**Circle which location you are applying for District 1 District 2**

**Applicant MLB Enrollment # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant Enrollment # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Legal Name of Applicant SSN Date of Birth Telephone #**

**Full Legal Name of Co-Applicant SSN Date of Birth Telephone #**

**Current Address City State Zip Code**

**Employer (Current or Most Recent) City State Telephone#**

**Occupation Income Per Month Dates Employed**

**If unemployed, list effective date and why. Do you expect to be called back? If so, when?**

**Co-Applicant’s Employer (Current or Most Recent) City State Telephone#**

**Occupation Income Per Month Dates Employed**

**If unemployed, list start date and why. Do you expect to be called back? If so, when?**

**Do you feel that you need more training/ education? Yes □ No □**

**Have you sought help through any MLB programs; which & when?**

**Would you be interested in receiving further training/ education if offered to you? Yes □ No □**

**Other Income Information (i.e. TANF/ MFIP, Social Security Benefits, Veterans Benefits, Unemployment, Child Support, Tribal Bonus)**

**Recipient Source Name & Address Amount Monthly Date Received**

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**Frequency of bonus payments: Monthly Bi-Monthly Quarterly 3x per year 2x per year Once per year**

**Please list any garnishments, deductions or payments automatically taken from your bonus:**

**Source Name & Address Reason for Garnishment/ Payment/ Deduction Amount Deducted**

**Present Address Size Type Residence Phone#**

**Dates of Residency Briefly describe how your family came to stay at this location.**

**Do you currently own or rent housing anywhere? Yes No**

**Please list all household members who would be living with you, if you receive a Supportive Housing unit.**

**Name of Household Member Relation to You Date of Birth Age Sex**

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| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **6.** |

**Please list all household members at current residence, including your family members.**

**Name of Household Member Relation to Household Relation to You Date of Birth Age Sex**

|  |
| --- |
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **6.** |
| **7.** |
| **8.** |

**List all residences held by your family in the last three years:**

**Address Name, Address & Phone of Landlord/Owner/Mortgage Company**

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| **Type of Housing Monthly Rent/ Payment Dates of Residence** |

**Address Name, Address & Phone of Landlord/Owner/Mortgage Company**

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| **Type of Housing Monthly Rent/ Payment Dates of Residence** |

**Address Name, Address & Phone of Landlord/Owner/Mortgage Company**

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| **Type of Housing Monthly Rent/ Payment Dates of Residence** |

**Transitional Housing tenants must be capable of obtaining their own residency no later than twenty-four months of their initial move-in. Does this seem like an obtainable goal for your family?**

**Yes □ No □**

**List all monthly payments, including any Alimony or Child Support payments that you and your co-applicant are liable for.**

**Payee Nature of Payments Amount Paid**

**Do you presently or have you had problems with drug use; alcoholism; anger management; gambling; credit card debt or financial management? Please list all that pertain and any programs or assistance that you have participated in to overcome your problem (s).**

**Have you sought help through the programs offered through the Mille Lacs Band; which and when?**

**As a requirement of occupancy for Supportive Housing, tenants are expected to develop and follow a case plan designed specific to their families needs. If selected as a tenant, would you be willing to follow the case plan assigned? Yes □ No □**

**I certify that the above information is complete and accurate, and give permission to the Mille Lacs Band Housing Department to verify the information I have provided. I understand and agree that if I provide false or misleading information, I may be disqualified from the Mille Lacs Band Housing Department program(s).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature Date Co-Applicant Signature Date**