

Mille Lacs Band of Ojibwe Housing Department
Emergency Rental Assistance Program

APPLICATION PROCESS: First Month rent and deposit.

1. If Applicant is requesting this service, the applicant must submit a copy of the proposed lease agreement or other official landlord statement with the completed application.
2. Applicant must submit proof of income (pay stub, MFIP or TANF grant letter, etc.) for all persons over the age of 18 living in the household.
3. Applicants who are moving in with family members **will not** be eligible for payment to their relative.
4. All household members must be listed, including extended family members, significant others, etc. Applicant must also include date of birth, age, any physical handicaps, social security number, and Mille Lacs tribal enrollment number for all household members who will be listed on the application.
5. Applicant must list any previous benefits received from the Mille Lacs Housing Department including rental assistance. Also, if any previous benefits were received from the Energy/Emergency Assistance Program and /or the TANF Emergency Assistance program, list the dates and type of assistance received.
6. Applicant must provide a written statement detailing the circumstances leading to the current need for emergency rental assistance. The decisions made to approve or deny any application for emergency rental assistance are based upon information provided by the applicant, so be as thorough as possible in explaining these circumstances.
7. A Release of Information consent form will need to be signed by the applicant to verify the information provided in the application.
8. Applicant would only be eligible if they have not been evicted due to drug use/distribution, alcohol and /or criminal activity or criminal history.
9. This coverage may be used only once for any applicant, individual and/or family members listed on the application.

I have read the following instructions and understand the requirements of this application.

Applicant signature Date

Co-Applicant Date

MILLE LACS BAND HOUSING DEPARTMENT
EMERGENCY RENTAL ASSISTANCE APPLICATION

Applicants Last Name _____ Date _____ Enroll# _____

First Name, MI _____ Rent () Homeless () Other ()

Phone No. (home) _____ (emergency-daytime contact) _____

Address _____ County/Twp _____

City/Town _____ State/Zip _____

Sources of Income and Other Assistance ("X" those that apply)

<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> GA/Work Readiness	<input type="checkbox"/> Retirement, Pensions	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Alimony/Child Support	<input type="checkbox"/> Unemployment	<input type="checkbox"/> MSA	<input type="checkbox"/> Housing
<input type="checkbox"/> Social Security	<input type="checkbox"/> TANIF	<input type="checkbox"/> Interest/Other	<input type="checkbox"/> Medical Aid
<input type="checkbox"/> Self Employment	<input type="checkbox"/> SSI	<input type="checkbox"/> No Income	<input type="checkbox"/> Veteran Benefits

Number of Persons in Household _____ Gross Annual Household Income \$ _____

Number of Household Members currently employed _____ Home Visit (Yes/No)

FAMILY TYPE

<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Adults w/Children
<input type="checkbox"/> Single Person	<input type="checkbox"/> Adults w/No Children	<input type="checkbox"/> Other

HOUSEHOLD MEMBERS

Household Member Name	Date of Birth	Age	Handicapped	Social Security #	Enrollment ID #

HOUSING PREFERENCES

<input type="checkbox"/> Single	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Duplex	<input type="checkbox"/> Apt.	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other
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ELIGIBILITY

Have you ever used the Emergency Rental Assistance **Yes/No** If yes, when? _____

Vendor	Address	City, State, Zip	Amount Requested

Have you or any of the persons listed above applied for this program before? **Yes/No**

If yes, amount received? _____

Please explain the circumstances leading to your current need for emergency rental assistance:

I _____, hereby swear that the information above is correct. I have used all other means of emergency assistance at this time and have no other option than the Mille Lacs Band Housing Department Emergency Rental Assistance Service Fund. I swear to respect the facilities of funding provided to me and will not misuse or mistreat this program in any way.

Signature of Applicant

Date

Presented to MLBHD Review Board on _____ Decision _____
Approved: _____ Date: _____ or/Denied _____ Date: _____

**PLEASE ATTACH MOST CURRENT CHECK STUB OR VERIFICATION FROM EMPLOYER
MILLE LACS BAND HOUSING DEPARTMENT**

EMERGENCY RENTAL ASSISTANCE SERVICES

RELEASE OF INFORMATION

I _____, hereby grant my permission for the release of any income information to the Program Coordinator or Technician of the Mille Lacs Band Housing Department. I further understand that all information gathered is STRICTLY COFIDENTIAL and will not be released by this PROGRAM to any person, business or local government agency.

Date of Release	Applicant Signature	Social Security Number
_____	Gross Wages	_____
_____	SSI / Social Security	_____
_____	Paid Medical Insurance	_____

TANF / GA / JEPTA / MFIP
Unemployment
TRIBAL BONUS

SOCIAL / FINANCIAL WORKER'S NAME _____

SOCIAL SECURITY NUMBER _____

VERIFICATION FOR THE MONTHS OF _____

I formally request from _____ that you furnish any and all applicable information regarding this request.

Date of Request Mille Lacs Band Housing Department
Emergency Rental Assistance Program
43408 Oodena Drive



MILLE LACS BAND OF OJIBWE

Housing Department

Emergency Rental Assistance Agreement

I understand that my application with the Housing Department for Emergency Rental Assistance is awaiting approval and is contingent on final approval from the Property Manager. I also understand that the following I have initialed means I fully understand and agree to the foregoing;

_____ Completed Emergency Rental Application.

_____ Verification of income.

_____ A copy of the lease agreement with landlord I am interested in renting from.

I also understand that the maximum amount allowed toward monthly rent is \$600. Total assistance available with two months rent & deposit is \$1200. Any amount above and beyond that limit will be at my own expense.

Example: Rent is \$700.00
 Housing will contribute \$600.00
 I will pay \$100.00

Applicant Signature

Date

Housing Witness

Date

Onamia, MN 56359