

VENTURA APPLICATION CHECKLIST

Application will NOT be accepted if all documents are not complete & submitted.

Application Forms:

_____ Application Complete?

Tenant

_____ Pre-Tenancy Screening Questionnaire for each adult complete?

Tenant Other Adult

_____ Disclosure and Release of Information Authorization for each adult complete?

Tenant Other Adult

_____ Tribal Bonus Deduction form for each Band Member complete?

Tenant Other Adult

_____ OMB Income Verification Request form for each Band Member/Employee complete?

Tenant Other Adult

_____ Income verification received from each adult?

Tenant Other Adult

_____ Tribal ID received?

Tenant Other Adult Band Members

_____ Social Security cards for all those listed on the rental application received?

Tenant Other Adult Children

_____ Birth Certificates for all children listed on the rental application received?

Children _____

_____ Verification of legal custody or guardianship of all children listed on the rental application received?

Children _____



VENTURA RENTAL APPLICATION

Is the Applicant a Mille Lacs Band Member? _____ Enrollment # _____

Is the Applicant disabled with Social Security Benefits? Yes No

If you are disabled, do you require a unit that has handicapped access? Yes No

Applicant Full Legal Name	Soc. Sec. No.	Date of Birth	Telephone #	
Mailing Address	APT#	City	State	Zip Code
Employer	City	State	Telephone#	Dates Employed
Occupation	Monthly Income		How Long Employed?	
Email address to send letters or other communication: _____				

Co-Applicant Legal Name	Date of Birth	Enrollment #		
Co-Applicants Employer	City	State	Telephone#	Dates Employed
Occupation	Monthly Income		How Long Employed?	

Legal Name Other Household Member over 18	Date of Birth	Enrollment #		
Employer	City	State	Telephone#	Dates Employed
Occupation	Monthly Income		How Long Employed?	

Other Income Information (i.e. AFDC, Social Security, Veterans, Unemployment, Financial Aid)

Recipient	Source Name & Address	Amount Monthly	Date Received
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*****UPDATE EVERY 6 MONTHS*****

Family Data - all people that will be moving into the unit attach additional pages if needed):

Name of Family Member	Relation to Applicant	Date of Birth	Age	Sex	SS#
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

List last 3 years previous housing:

Landlord or Mortgage Company	Address	Payment Amt.	Date of Residency

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

Please send to: [43408 Oodena Drive. Onamia, MN 56359](mailto:320-532-4192)
Email: CMD.Receptionist@millelacsband.com
Fax #: [320-532-4192](tel:320-532-4192)

*****UPDATE EVERY 6 MONTHS*****

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

I authorize The Mills 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., 1181 North Snelling Avenue, St. Paul, MN 55108. Phone: 1-877-644-3880/651-644-3888.

If currently under lease: My current landlord may be contacted.

YES NO N/A Post Hire Only Applicant's Initials

Is tenancy in California? YES NO

If you are applying for tenancy in the State of California, please note that a new *Disclosure and Release of Information Authorization* is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for tenancy in California, Minnesota, or Oklahoma? YES NO

If so, would you like a copy of any Consumer Report prepared on you? YES NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to tenancy any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my tenancy. Further, I understand that by requesting this information, no promise of tenancy is being made. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and if this accepted by the above-named company (except if employed in the State of California), this authorization will remain in effect throughout such tenancy.

Signature

_____/____/____
Date

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Tenant Application. PLEASE PRINT CLEARLY.

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 in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other NAMES under which you received your GED, high school diploma, or other degrees.

OFFICE OF MANAGEMENT AND BUDGET

INCOME VERIFICATION REQUEST

I, _____ am requesting a printout of my
Per Capita / Payroll (circle one) income for the time frame (date) 3 months
I would like this report to be sent to Housing.

I will pick it up.

I understand that OMB has 3 (three) business days to produce this information for me.

Enrollment # or Employee #

Signature

Date