

Date Received:

Mille Lacs Band Transitional Housing Application



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

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
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	
Type of Housing	Monthly Rent/ Payment	Dates of Residence
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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