

Application for Mille Lacs Disabled Housing Renovation



Please review the Mille Lacs Band of Ojibwe Disabled Housing Policy for Program requirements before completing this application.

Applicant Name (s): _____
Name of Homeowner or Lessee

Is the Disabled Person a Mille Lacs Band Member, child or spouse of a Mille Lacs Band Member? _____
yes / no

Relationship to Band Member: _____ Band Member's Name: _____

Band Member Enrollment # : _____

Disabled Person's Primary Residence Address: _____
(Must be the same as proposed project site to qualify)

Is this a privately owned home? _____ Is the property on fee or trust land? _____
yes / no

The Mille Lacs Band Disabled Housing Policy defines "disabled" as an impairment that is substantial and long-term. To qualify for renovation under this policy, the Disabled Band Member or his or her Legal Guardian will be asked to provide proof of this disability as described in the policy.

Date of Disability: _____ Diagnosis/ Type of Impairment: _____

Is the impairment considered to be long-term? If applicable, what length of time is the condition expected to last?

Please attach valid proof of disability as defined in the Mille Lacs Band Disabled Housing Policy.

Please list the name of the individual (s) who have ownership interest in the property: _____

Please list the address (es) of all other privately- owned residences that you've held.

Street Address	City, State and Zip Code	Dates of Occupancy
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Street Address	City, State and Zip Code	Dates of Occupancy
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Please attach a list if more room is needed.

Has the Mille Lacs Band of Ojibwe Housing Department done any work on the applicant property? If so, please list the projects, include: who completed the work, type of work done, approximate dates and costs. Provide as much information as possible. This will assist department staff in reviewing our records for accuracy.

Project Date	Project Cost	Brief Description of Project	Contractor Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a list if more room is needed.

Please provide a detailed description of the renovation being requested and explain why these repairs/ updates are necessary. Please note that the Renovation must be limited to work required to meet the needs of the disabled person and be related to his or her disability. As a part of the application process, a site inspection will be conducted by a qualified member of the Mille Lacs Band Housing Department staff.

Please attach a list if more room is needed.

Please read the following statement before signing and dating this application.

This is only an application for a Disabled Housing Renovation. I understand that it does not guarantee that any work or repairs will be completed. Also, I understand that if a renovation is approved, I will be required to sign a retention agreement prior to the start of construction.

Applicant Signature

Co- Applicant Signature

Date

Daytime Phone: _____

Alternate Phone: _____

Mille Lacs Band of Ojibwe Community Development, 43408 Oodena Drive, Onamia MN 56359
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