

## POLICY ACKNOWLEDGMENT

Member Benefit Department (	fanuary 10, 2019, containing importa Band of Pottawatomi Indi "TMB Department") housing p understand that it is my res isult the Department Director if I	nce Handbook ant information ans Tribal rograms and ponsibility to
I further acknowledge and understand that as a Recipient of housing assistance I am expected to comply with all applicable policies, rules and regulations contained within the Handbook and that failure to do so may result in suspension or discontinuation of housing assistance received through the Department.		
Since the information, policies, procedures, rules and regulations contained within the Handbook are subject to change, I acknowledge that revisions to the Handbook may occur. I understand that the Department, subject to the approval of the Housing Committee, the Tribal Administrator or the Tribal Council may change, modify, suspend, interpret or cancel, in whole or part, any of the published or unpublished Handbook policies, with or without notice, in their sole discretion, without giving cause or justification. Such revised information may supersede, modify or eliminate existing policies.		
I understand and agree that I will comply with the policies, procedures, rules and regulations contained in the Handbook and any revisions thereto, and that I am bound by the same and that my continued receipt of housing assistance is contingent on my compliance with the Handbook, the policies, procedures, rules and regulations contained therein and any revisions thereto.		
Name (Printed) Sig	nature	Date