



## HOUSING IMPROVEMENT APPLICATION

### APPLICANT INFORMATION

Last Name		First Name			MI
Current Address		City	State	Zip Code	
Home Phone Number (     )     -	Cell Phone Number (     )     -	E-mail Address			

### HOUSING INFORMATION

Size of Residence (in sq ft)	Age of Residence
If the residence was built before 1978, has the residence been tested for lead base paint? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach applicable documentation.	
If lead was identified, was the lead hazard mitigated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach applicable documentation.	

### HOUSEHOLD INFORMATION

List all household members, including the applicant, who are or will be living within the household on a permanent basis.

Name (Last, First, Middle)	DOB (mm/dd/yyyy)	Social Security Number	Relation
	/ /	- -	SELF
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

**HOME IMPROVEMENTS**

Provide a brief explanation of the home repairs you are applying for. List each item separately and provide as much detail as possible.

1. \_\_\_\_\_

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\_\_\_\_\_

2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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5. \_\_\_\_\_

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\_\_\_\_\_

6. \_\_\_\_\_

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7. \_\_\_\_\_

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\_\_\_\_\_

8. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If more space is required, please write your remaining items on a separate piece of paper and attach it to this application.*

**CRIMINAL HISTORY**

List the state and county that each household member, eighteen (18) years of age or older, has resided in within the last ten years.

	<u>Household Member Name</u>	<u>State</u>	<u>County(ies)</u>
EXAMPLE	JOHN SMITH	MI	KALAMAZOO, KENT, AND OTTAWA
EXAMPLE	JOHN SMITH	IL	COOK
EXAMPLE	JANE SMITH	MI	KENT

Have you or any household member ever been convicted of a felony?  Yes  No

If yes, please list the household member's name, crime, state(s) and county(ies) committed.

<u>Household Member Name</u>	<u>Crime</u>	<u>State</u>	<u>County</u>

Are you or any household member currently on parole?  Yes  No

If yes, please list the household member's name.

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Are you or any household member currently on probation?  Yes  No

If yes, please list the household member's name.

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Are you or any household member subject to lifetime registry in any national, state or tribal sex offender database?  Yes  No

If yes, please list the household member's name, crime, state(s) and county(ies) committed.

<u>Household Member Name</u>	<u>Crime</u>	<u>State</u>	<u>County</u>

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Are you or any household member awaiting a criminal trial based upon an arrest that occurred within the last twelve (12) months?  Yes  No

If yes, please list the household member's name, criminal charge, state(s) and county(ies) where charge(s) occurred.

<u>Household Member Name</u>	<u>Crime</u>	<u>State</u>	<u>County</u>
_____	_____	_____	_____
_____	_____	_____	_____

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Please be advised that it is the policy of the Match-E-Be-Nash-She-Wish Band of Pottawatommi Indians Tribal Member Benefits Department to allow housing applicants the opportunity to review and explain information obtained from the Department's background check.

In addition, under certain circumstances rehabilitative evidence may be presented in order to support an Applicant's position that he/she has and will maintain a lifestyle that lends itself to a safe and secure environment for all Tenant's in the Match-E-Be-Nash-She-Wish Band of Pottawatommi Indians community, despite past criminal convictions.

Failure to disclose criminal convictions may result in a finding of ineligibility or denial of Housing Assistance; or, if later discovered, termination of the Tenant's lease, if applicable.

### **APPLICANT CERTIFICATION**

Pursuant to the Match-E-Be-Nash-She-Wish Band of Pottawatommi Indians Housing Assistance Handbook, Part N, Article VI (C)(2), I agree that if I am absent or fail to be present at the time scheduled for inspection, I will be responsible for payment of the inspection fee and travel costs, if applicable. Furthermore, I understand that my application will not be processed until payment has been made to the Department in its entirety, if applicable.

I certify, to the best of my knowledge and belief, that the information contained within or attached to this application regarding Household composition, criminal history, income, net family assets, and allowances and deductions is accurate and complete. I have been fully informed and understand that any false statements or omissions provided in connection with this application, to the Department, regardless of time of discovery, shall be grounds for termination of housing assistance benefits, termination of tenancy, and disqualification of future housing assistance benefits in accordance with Department policy.

I, the undersigned, certify that I have read Part N (Housing Improvement Program) of the Match-E-Be-Nash-She-Wish Band of Pottawatommi Indians Housing Assistance Handbook and agree to adhere and be bound by terms and conditions set forth in policy as well as other applicable policies of the Department.

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Signature	Date
_____	_____

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