



SETTLEMENT APPLICATION

APPLICANT INFORMATION

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

HOUSING HISTORY (List all places of residence for the past five (5) years)

Present Home Address		City	State	Zip Code
Move-In/Move-Out Dates <input type="checkbox"/> Rent <input type="checkbox"/> Own	Present Landlord's Name		Landlord's Phone Number () -	
Previous Home Address		City	State	Zip Code
Move-In/Move-Out Dates <input type="checkbox"/> Rent <input type="checkbox"/> Own	Previous Landlord's Name		Landlord's Phone Number () -	
Next Previous Home Address		City	State	Zip Code
Move-In/Move-Out Dates <input type="checkbox"/> Rent <input type="checkbox"/> Own	Previous Landlord's Name		Landlord's Phone Number () -	

Have you been evicted from your residence in the past ten (10) years? Yes No If yes, when were you evicted? _____
 What was the reason for the eviction? _____ Do you owe any debts to a landlord? Yes No

PROPOSED OCCUPANTS

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

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

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.

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

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

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>
_____	_____	_____	_____
_____	_____	_____	_____

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>
_____	_____	_____	_____
_____	_____	_____	_____

ACKNOWLEDGEMENT

I understand that any and all information received by the Department previously or in connection with this application may be used in making a determination for occupancy at the Settlement.

Please be advised that it is the policy of the Match-E-Be-Nash-She-Wish Band of Pottawatomí 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 Pottawatomí 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

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 the Match-E-Be-Nash-She-Wish Band of Pottawatomí 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.

Signature	Date
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