

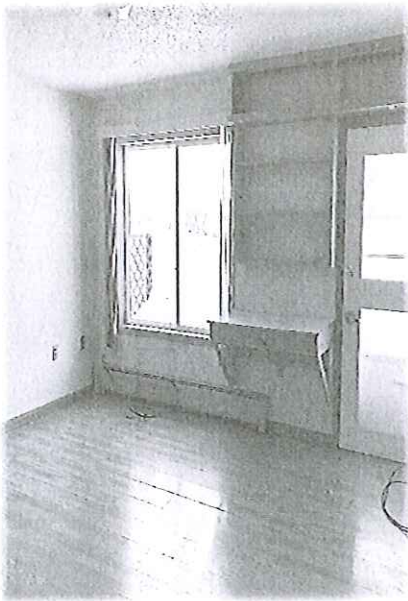
# BOIS FORTE

# HOUSING

# APPLICATION



- Bois Forte Band Member Priority, or Essential Personnel.
- Low Rent Program – at 80% or below the U.S. Median Income
- Tax Credit Homes –at 60% or below the MTSP Median Income with the possibility of homeownership.
- Must be able to comply with terms and conditions of Lease Agreement



- Send all verifications along with filled out application.
- Standard wait time is anywhere from 6 months to 2 years.
- You must meet the criteria before going on the waitlist.
- You must not owe any debts to Lake Country Power, Ferrellgas, Como Oil, Lakes Gas, or an agency of the Bois Forte Band.
- Anyone is allowed 3 refusals and then they are removed from the wait list and must start the process over again.
- It is every applicant's responsibility to update their application every year, if not their application is only kept on file for a maximum of 3 years.
- *Applications can be dropped off, mailed, emailed, or faxed to:*

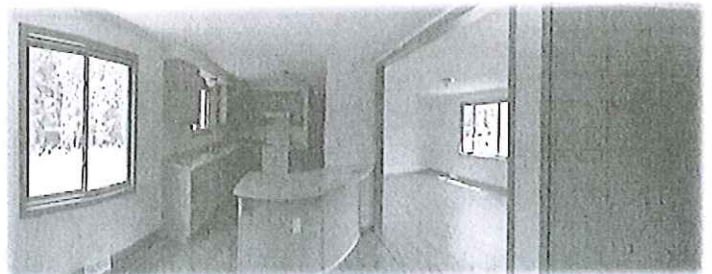
*Bois Forte Housing Department  
5344 Lakeshore Drive  
Nett Lake, MN 55772  
(see website for email addresses)*

CALL OUR OFFICE AT (218) 757- 3253

Fax: (218) 757-3254

OR STOP BY. WE ARE HAPPY TO HELP!

(MON-FRI /8 A.M.-4:30 P.M.)



# Household Questionnaire

<b>Certification Effective Date:</b> <input type="checkbox"/> Move-in _____ <input type="checkbox"/> Initial Cert _____ <input type="checkbox"/> Recertification _____ <input type="checkbox"/> Add a Member _____	<b>Household certifying for the following program(s):</b> <input type="checkbox"/> Section 8 <input type="checkbox"/> NHTF <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 <input type="checkbox"/> Other _____	<b>Date and Time Rec'd:</b> _____ <b>Rent Amount:</b> \$ _____
--	---	---

Property Name \_\_\_\_\_ Bldg/Unit # \_\_\_\_\_

### Household Composition

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application. All Housing Tax Credit Program households must also complete an Annual Student Certification (HTC 35).

#	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

\* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical school. Do not include on-the-job training courses.

### Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. Include all full time, part time or seasonal income even if completing this application in the off-season.

#### DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash or is self-employed.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA, MSA) <u>Benefits are received by (circle one)</u> direct deposit check cash card	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans).	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries).	\$
		19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
		20. Other (list) _____	\$

### Household Assets

YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
		21. Checking Accounts (6 month average balance)	\$
		22. Savings Accounts	\$
		23. Cash cards used to receive government benefits or other income	\$



# Household Questionnaire

## Deductions and Allowances For Section 8/236 HUD programs only

		Amount
<b>A. Day Care</b>		
Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, name and address of provider _____		
\$ _____ paid per month. Is any portion paid by another person or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name and address of provider _____		
Do you pay for a Care Attendant or any equipment for a handicapped member of the household necessary to permit that person or someone else in the household to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, name and address of provider _____		
\$ _____ paid per month. Is any portion paid by another person or agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name and address of provider _____		
<b>B. Medical</b> - Complete if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.		
Do you have Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you have any other kind of medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, name and address of insurer _____		
Do you receive medical assistance? If yes, do you have a monthly spend-down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you pay for prescription medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Name and address of pharmacy: _____		
Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
If yes, indicate the types of bills owed: _____		
Do you expect to have extraordinary medical/dental expenses in the next 12 months? If yes, list the amount and type of expense:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Name and facility where this can be verified: _____		
Doctor's name and address: _____		

*Please bring receipts for your non-prescription medication.*

## Household Questionnaire

I/We hereby certify that I/We  Have  Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either YES or NO in response to each question. Add an explanation below for all items checked YES.

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?

Explanation:

\_\_\_\_\_

\_\_\_\_\_

### SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Head of household email address: \_\_\_\_\_ Phone: \_\_\_\_\_

This applicant/resident required assistance in completing the Household Questionnaire due to: \_\_\_\_\_

Assistance was provided by: \_\_\_\_\_ Date: \_\_\_\_\_



# Bois Forte Reservation

## Housing Department

5344 Lakeshore Drive • Nett Lake, Minnesota 55772  
218-757-3253 • Fax 218-757-3254



\_\_\_\_\_  
Applicant Name (Last, First, MI)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # or Message #

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Applicant S.S #

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

### APPLICANT'S HOUSEHOLD MEMBER'S (Include Head of Household)

	Name:	Relationship:	Sex:	D.O.B:	Age:	S.S. #
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

(Additional household members can be written on back of application)

• **Copies of Social Security numbers must be provided.**

**\*Income source for each adult must be listed, and proof of income must be provided.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**HANDICAP/DISABILITY – (Must provide verification from a Doctor, Social Security Administration or Veteran's Administration.)**



This institution is an equal opportunity provider and employer.

List District Preference by Number (1st, 2nd or 3rd)

\_\_\_ Nett Lake Village \_\_\_ Palmquist Addition \_\_\_ Vermilion Sector

Circle the number of bedrooms you would prefer? 1 2 3 4

**Your current housing situation:**

Is the dwelling:

Leased \_\_\_ Rented \_\_\_ Owned \_\_\_ by You \_\_\_ Friend \_\_\_ Relative \_\_\_

If own your home, you must provide an appraisal

What is the current Monthly Rent? \$ \_\_\_\_\_

Number of persons in dwelling \_\_\_\_\_

Number of families in the dwelling \_\_\_\_\_

Does rent include water and sewer? Yes \_\_\_ No \_\_\_

# of Bedrooms \_\_\_\_\_

Do you have Child care expense? Yes \_\_\_ No \_\_\_ Amount per month \$ \_\_\_\_\_  
(Must provide documentation)

**REFERENCES:**

(Please list all Managers for the past 3 years to include current Landlord)

Name	Address	Phone#	Rent per Month	Rental Dates From To
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**ENROLLMENT VERIFICATION**

Are you a Bois Forte Band Member?  Yes  No

Are you a member of a federally recognized Indian Tribe?  Yes  No

Name of Tribe \_\_\_\_\_

Tribal Enrollment # \_\_\_\_\_ Degree of blood \_\_\_\_\_

If a member of the Bois Forte Band, or any other federally recognized Indian Tribe, please provide a copy of an enrollment card or Tribal ID

Housing employee (Initials) \_\_\_\_\_ that a copy is provided.

**If an enrollment card or Tribal ID cannot be provided by the applicant, but they are enrolled in Bois Forte, they must see the Enrollment Coordinator and request proof of enrollment.**

I hereby certify that the foregoing information is true and correct to the best of my knowledge. I authorize the Bois Forte Housing Department to make any inquires to verify all above statements. I understand that my failure to provide any or all information requested will result in me and my family being declared ineligible for the housing programs.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date).

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

Bois Forte Housing Department  
5344 Lakeshore Drive  
Nett Lake, MN 55772

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**Bois Forte Tribal Council  
5344 Lakeshore Drive  
Nett Lake, MN. 55772  
(218) 757-3261**

The Following named individual has made application with the Bois Forte Housing Department for the purpose of residency.

Please print all information below

Last Name of Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_

Full Middle: \_\_\_\_\_

Maiden, Alias, or Former: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male or Female (Circle)

Social Security Number (Optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the **Bois Forte Tribal Council, Background Investigations Unit**, for the purpose of applicant screening requiring a background investigation for housing applicants with the Bois Forte Housing Department

A copy of the authorization shall be the same as the original. This authorization shall expire one year after the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Notary:

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
(Signature of notary)  
My commission expires: \_\_\_\_\_

# ANNUAL STUDENT CERTIFICATION

Effective Date: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
\_\_\_\_\_ Building Address: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/ will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. \_\_\_\_\_ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-4, below must be completed:

1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
2. Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) YES NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes) YES NO
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) YES NO

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-4 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Signature \_\_\_\_\_ (Date) \_\_\_\_\_ Signature \_\_\_\_\_ (Date) \_\_\_\_\_  
Signature \_\_\_\_\_ (Date) \_\_\_\_\_ Signature \_\_\_\_\_ (Date) \_\_\_\_\_



# Bois Forte Reservation Housing Department

5344 Lakeshore Drive • Nett Lake, Minnesota 55772  
218-757-3253 • Fax 218-757-3254



By my signature, I agree that I have answered all questions to the best of my ability.

I understand that providing false information, I may be removed from the wait list.

I understand that although I may be added to the waitlist with outstanding balances from any of the following utility companies, Bois Forte, Lake Country Power, Ferrellgas, Como Oil, or Lakes Gas, I must pay balances in full before I obtain a unit. Failure to settle any/all balances, I understand that I will not be considered and the unit will be offered to the next person on the wait list.

I understand that a complete application will consist of the following:

- ✓ All Adults 18 years and older have signatures on the Federal Privacy Act and the Release of Information.
- ✓ Completed and signed Enrollment Form.
- ✓ Background Investigation page *signed in front of a notary*.
- ✓ Proof of Income for all adults 18 years and older.
- ✓ Copies of social security cards for all household members.
- ✓ Copies of State/Tribal IDs.
- ✓ My most recent Landlord's number AND address have been provided.

I understand that the standard wait for a unit is and can exceed six months to two years.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

