

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

Certification Effective Date: <input type="checkbox"/> Move-in _____ <input type="checkbox"/> Initial Cert _____ <input type="checkbox"/> Recertification _____ <input type="checkbox"/> Add a Member _____	Household certifying for the following program(s): <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 _____	Date and Time Rec'd: _____ Rent Amount: \$ _____
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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.**

	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 schools. 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, is self-employed or does "app" or "gig" work.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (MFIP, GA, MSA) Benefits are received by (circle one) 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 Questionnaire

Household Assets			
YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
<input type="checkbox"/>	<input type="checkbox"/>	21. Checking Accounts (6 month average balance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	22. Savings Accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	23. Cash cards used to receive government benefits or other income	\$
<input type="checkbox"/>	<input type="checkbox"/>	24. Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, etc.	\$
<input type="checkbox"/>	<input type="checkbox"/>	25. US Savings Bonds	\$
<input type="checkbox"/>	<input type="checkbox"/>	26. Trusts*	\$
<input type="checkbox"/>	<input type="checkbox"/>	27. Securities	\$
<input type="checkbox"/>	<input type="checkbox"/>	28. Whole or Universal Life Insurance Policy (do not include term life insurance)	\$
<input type="checkbox"/>	<input type="checkbox"/>	29. 401K*	\$
<input type="checkbox"/>	<input type="checkbox"/>	30. IRA/KEOGH Accounts	\$
<input type="checkbox"/>	<input type="checkbox"/>	31. Certificates of Deposit	\$
<input type="checkbox"/>	<input type="checkbox"/>	32. Pension/Retirement/Annuity or Health Savings Accounts.	\$
<input type="checkbox"/>	<input type="checkbox"/>	33. Money Market or Mutual Funds	\$
<input type="checkbox"/>	<input type="checkbox"/>	34. Treasury Bills	\$
<input type="checkbox"/>	<input type="checkbox"/>	35. Stocks	\$
<input type="checkbox"/>	<input type="checkbox"/>	36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
<input type="checkbox"/>	<input type="checkbox"/>	37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
<input type="checkbox"/>	<input type="checkbox"/>	38. Other _____	

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

YES	NO		Value
<input type="checkbox"/>	<input type="checkbox"/>	39. Do you now own a home or other real estate? If yes, list address(es): _____	\$
<input type="checkbox"/>	<input type="checkbox"/>	40. Do you receive payments for a home you sold by contract for deed?	\$
<input type="checkbox"/>	<input type="checkbox"/>	41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	\$
<input type="checkbox"/>	<input type="checkbox"/>	42. Are any assets held jointly with another person? List person and asset(s). _____	
Enter combined cash value of all household assets			\$

DO NOT LEAVE THIS SECTION BLANK.

From 1-42, income and assets above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact name and phone/fax/email

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

Household Questionnaire

Deductions and Allowances For Section 8/236 HUD programs only

		Amount
A. Day Care		
Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school? If yes, name and address of provider _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
\$ _____ paid per month. Is any portion paid by another person or agency? If yes, name and address of provider _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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? If yes, name and address of provider _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
\$ _____ paid per month. Is any portion paid by another person or agency? If yes, name and address of provider _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Medical – 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? If yes, name and address of insurer _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
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? Name and address of pharmacy: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
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? If yes, indicate the types of bills owed: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
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 Social Security #

Zip Code

Date of Birth

APPLICANT'S HOUSEHOLD MEMBERS (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 page)

- **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)

«hdsdocid»



This institution is an equal opportunity provider and employer.

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

_____ Nett Lake Village _____ Palmquist _____ Vermillion 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 you own your own 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 _____

Number 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 current Landlord)

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

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. 1/31/2014

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(l)(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		
_____	_____	_____	_____
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.

ENROLLMENT VERIFICATION

Are you a Bois Forte Band Member? _____ Yes _____ No

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

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) _____ A copy has been 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 forgoing information is true and correct to the best of my knowledge. I authorize the Bois Forte Housing Department to make any inquiries 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 program.

Applicant Signature

Date

**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: _____
Property Name: _____	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, STOP 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) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, STOP. Sign and date below. Verification of part time student status is required for at least one occupant.*

- C. _____ Household contains all students who were, are, or will be 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 1-5, below **must be** completed:*

- | | | |
|---|-----|----|
| 1. 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 |
| 2. 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 |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> 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 |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO**, or verification does not support the exception indicated, STOP the household is considered ineligible.*

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

«hdsdocid»



This institution is an equal opportunity provider and employer.