

Note to Landlord - Please complete and return to:
Pokagon Band Social Services - Fax NO. (269) 782-4295 or P.O. Box 180 Dowagiac, MI 49047
Social.Services@Pokagonband-nsn.gov

Date _____

Tenant's Name and Address of property:

Rent due date _____

of household residents _____

Regular monthly rent amount \$ _____

Amount of move in costs due \$ _____

Please check all that apply:

Tenant is behind in their rent and owes a total of \$ _____

Tenant desires to move in to the above property on the following date _____

I agree to accept funds from the Pokagon Band and I will guarantee a minimum of 30 days of shelter as a result of this payment, alone or in combination with other sources.

Tenants Heat/Electric are included in monthly rent. I agree to accept funds directly for Heat and/or electric bill that will decrease matching amount from rent payment.

Name on W9 _____

Landlord phone _____

Landlord address _____

Landlord signature _____

Landlord Email Address _____

Landlord Notes _____

Caseworker Notes:

\$ _____ Amount Approved

DENIED

Describe how customer intends to satisfy the remainder of obligation (if any) and Notes.
