



Department of Housing Rental Program Checklist

(When turning in your application please make sure to turn in a copy of the following.)

- Verification of Income for everyone in Household, anything other than per capita.
- Tribal and Government ID's for everyone in the Household
- Paperwork for Honorable discharge (DD214) or active duty, *only if applicable*.
- Full Time Student schedule, *only if applicable*.
- Outside agency declaration of homelessness, *only if applicable*.



POKAGON BAND DEPARTMENT OF HOUSING RENTAL APPLICATION

Please complete the information requested below. Annual renew of application is mandatory to keep your name on the waiting list for rental housing.

If you need assistance completing this application, please call the Pokagon Band Department of Housing at (269)783-0443 or (877)983-0385. Thank you!

1. APPLICANT INFORMATION

a. Last Name	b. First Name	c. Middle Initial	d. Prior Last Name(s)
e. Tribal Enrollment Number	f. Street Address or P.O. Box	City	State Zip Code
g. Date of Birth	h. Telephone Number	i. Cell/Alternate Number	j. Email
k. Social Security Number	l. Driver's License Number		
Please indicate which classification of unit you are interested in.	<input type="checkbox"/> Low Income <input type="checkbox"/> Non Low Income <input type="checkbox"/> Elders <input type="checkbox"/> Non Elders		
Which housing unit(s) you are interested in.	<input type="checkbox"/> Elders 2 Bedroom Duplex <input type="checkbox"/> Elders Single Family Home (Low Income-Dowagiac Only) <input type="checkbox"/> Non-Elders 2 Bedroom Townhome <input type="checkbox"/> Non-Elders 3 Bedroom Townhome <input type="checkbox"/> ADA Duplex 3 Bedroom		
Which village(s) are you interested in?	<input type="checkbox"/> Dowagiac <input type="checkbox"/> Hartford <input type="checkbox"/> South Bend		



2. HOUSEHOLD COMPOSITION (IMPORTANT - YOU MUST LIST ALL HOUSEHOLD MEMBERS WHO WILL BE RESIDING IN THE HOME WITH YOU)

a. Name of Each Household Member	b. Relationship to Applicant	c. Date of Birth	d. Sex	e. Age	f. Enrollment #	g. Social Security & Driver's License Number	h. Full Time Household Member
<i>Head of Household:</i>	<i>Self/ Applicant</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Is there anyone in your household who is pregnant?							<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list their name and anticipated due date:							

3. PLEASE LIST ALL CARS IN HOUSEHOLD AND LICENSE PLATE NUMBER'S IF APPLICABLE

MAKE	MODEL	PLATE#	OWNER

4. CRIMINAL HISTORY

<p>a. Have you or any Household Member (13 years of age or older) ever been convicted of any of the following:</p> <p>(1) Violent criminal activity? (2) Drug related criminal activity? (3) Criminal sexual conduct, including any sex offense? (4) Any other crime?</p> <p>If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Are you or any member of your household presently on <input type="checkbox"/> probation <input type="checkbox"/> parole?</p> <p>If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No



5. HOUSEHOLD INCOME

Please list below the annual income of each Household Member 18 years of age or older. If a Household Member has no income, please list "no income".

a. Name (Applicant first then spouse, if applicable)	b. Source(s) of Income/Employer(s)	c. Years at Job	d. Amount
e. Total:			

6. HOUSING HISTORY- PLEASE LIST LAST PLACES OF RESIDENCE ALONG WITH LANDLORD CONTACT INFORMATION

a. Address (Address, City, State, Zip Code)	b. Rent / Owned	c. Years of Occupancy	d. Monthly Payment	e. Eviction or Foreclosure
<i>Current Residence:</i> Landlord Name: _____ Phone Number _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own			<input type="checkbox"/> Yes <input type="checkbox"/> No
Past Residence: Landlord Name: _____ Phone Number _____	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No
Past Residence: Landlord Name: _____ Phone Number _____	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No
Past Residence: Landlord Name: _____ Phone Number _____	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No



7. GENERAL INFORMATION

a. Are you 18 years of age or older, or have you been emancipated by operation of law or court with the legal capacity to contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. How many Household Members are 17 years of age or younger? Number:	
c. How many Household Members are Pokagon Band Tribal Citizens? Number:	
d. Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you a full time College Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you homeless? (If you are homeless we will need proof of homelessness)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Be Advised:

Prior to admission into any Pokagon Band Department of Housing Unit, a background investigation will be conducted in connection with this Application, a criminal history check will be conducted on all Applicants and Household members who are thirteen (13) years of age or older. The Applicant hereby authorizes the Department of Housing to make inquiries and to acquire from all public and private persons, entities and agencies all information deemed necessary by the Department of Housing to complete this Application or to determine initial or continued eligibility for any Program, including but not limited to, information regarding credit, employment, housing, and criminal history.

Applicant

Print _____
Signature _____
Date

Household Member

Print _____
Signature _____
Date

Household Member

Print _____
Signature _____
Date

Household Member

Print _____
Signature _____
Date

Household Member

Print _____
Signature _____
Date



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Addendum A

2019 United States Median Family Income Limits

80%	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
	\$42,280	\$48,320	\$54,360	\$60,400	\$65,232	\$70,064	\$74,896	\$79,728



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Addendum C

Rental Housing Selection Scoring (non-elder housing)

Verifiable income from employment related activity including retirement or unemployment benefits = **10 pts.**

Good Credit Score, 600 FICO or better = **10 pts.**

Good Landlord References or Good Mortgage History (no more than 3 late pays beyond grace period) over past 60 months = **10 pts.**

Veteran in Household with Honorable discharge (DD 214) or Active Duty Military = **10 pts.**

PB Children in Household full or part time = **10 pts.**

Currently Homeless declared by outside agency = **10 pts.**

Medical Disability per documentation from SSA or VA = **10 pts.**

Family in Crisis as determined by PB Social Services = **10 pts.**

Head of Household is Full Time Student = **10 pts.**

If family turns down an available home = **deduct 20 pts.**



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Addendum D

Rental Housing Selection Scoring (elder housing)
Head of household is a Pokagon Band Elder = 30 pts.
Pokagon elder spouse = 30 pts.
Non-Pokagon elder spouse = 10 pts.
Veteran in Household with Honorable discharge (DD 214) or Active Duty Military = 10 pts.
Each year on waiting list = 10 pts.
Each time applicant turns down available home = -10 pts.