

# **Byéwgëmëk Temporary Lodging Facility Application**

When turning in your application please make sure to turn in a copy of the following documentation:

- [] Verification of Income for everyone in Household
- [] Tribal and Government ID's for everyone in the Household over the age of 18 years
- [] Background check form for everyone over the age of 13 years

<u>Please be advised, failure to complete application and turn in all above</u> <u>documentation will be an immediate denial for the facility.</u>



#### Please complete the information requested below.

## 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

<b>a.</b> Last Name	<b>b.</b> First Name			Middle nitial	<b>d.</b> Prior Last Name(s)	
e. Tribal Enrollment Number	f. Street Address or P.O. Box				City State Zip Code	
g. Date of Birth	<b>h.</b> Telephone Numbe	h. Telephone Number		i. Cell/Alternate Number		
j. Em	j. Email		1. Driver's License Number			
Tribal Citizen		<ul> <li>Pokagon Band of Potawatomi Indians</li> <li>Other Native American Tribe</li> <li>Non-Native American</li> </ul>				
Number of Room Guests?						
Are you in need of quarantining away from a COVID positive person?		□ Yes □ No				
*Minimum days allowed to stay at Byéwgëmëk T				y Lodging	g Facility is two days.	
Check in date?						
Check out date?						



#### 2. ROOM COMPOSITION (IMPORTANT - YOU MUST LIST ALL GUESTS WHO WILL BE RESIDING IN THE FACILITY WITH YOU)

<b>a.</b> Name of Each Room Guest	<b>b.</b> Relationship to Applicant	<b>c.</b> Date of Birth	d. Sex	<b>e.</b> Age	<b>f.</b> Driver's License Number	<b>g.</b> Tribal Enrollment #

#### 3. PLEASE LIST VEHICLES ON PROPERTY DURING GUEST STAY.

МАКЕ	MODEL	PLATE#	Owner

#### 4. CRIMINAL HISTORY

<ul> <li>a. Have you or any Household Member (13 years of age or older) ever been convicted of any of the following:</li> <li>(1) Violent criminal activity within 10 years?</li> <li>(2) Drug related criminal activity within 7 years?</li> <li>(3) Criminal sexual conduct, including any sex offense ever?</li> <li>(4) Any other crime?</li> <li>If yes, please explain:</li> </ul>	□ Yes □ No
<b>b.</b> Are you or any member of your household presently on □ probation □ parole? If yes, please explain:	🗆 Yes 🗆 No



#### Please Be Advised:

**P**rior to admission into Byéwgëmëk Temporary Lodging Facility, 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, including but not limited to, information regarding credit, employment, housing, and criminal history.

Prior to admission into Byewgemek Temporary Lodging Facility, pre-payment of nights reserved will be expected from applicant. This payment can be paid by credit/debit card, cash, money order, or check in person at the Housing Department office at 57824 Potawatomi Trail, Dowagiac, MI 49047 or credit/debit card over the phone at 269-783-0443.

### Applicant

Print	Signature	Date
Household Member		
Print Household Member	Signature	Date
Print	Signature	Date