



**Sault Tribe Housing Authority
154 Parkside
Kincheloe, MI. 49788**

UPDATED INFORMATION FOR HOUSING AUTHORITY APPLICATIONS

Date: _____

Name of Head of Household: _____ Date of Birth: _____

NEW/ CURRENT _____
Street or P.O. Box

Mailing Address: _____
City, State Zip

Home Phone #: _____ Cell Phone #: _____

E-mail (optional): _____

Mark 'Type of Change' and fill out information completely:

When adding someone to your application please provide copies of the following information:
Adult- social security card, tribal card (if applies), drivers license/state id, and proof of their income
Minor- social security card, tribal card (if applies), birth certificate, and documentation of custody (if applies)

Adding New Family Member: List the family members who you are adding to your household.
 Attach another sheet of paper if needed.

<u>First Name</u>	<u>Last Name</u>	<u>Birth Date</u>	<u>SS#</u>	<u>Sex</u>	<u>Relation</u>	<u>Tribal Affiliation</u>
1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____

Deleting a Family Member: List the family members who you are removing from your household.
 Attach another sheet of paper if needed.

1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____

Change of income: List all current income sources and recipients. Check one or more of the options that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> I am no longer employed | <input type="checkbox"/> I have a new job | <input type="checkbox"/> I am now receiving General Assistance |
| <input type="checkbox"/> I am receiving Child Support | <input type="checkbox"/> My Child Support increased | <input type="checkbox"/> I am no longer receiving General Assistance |
| <input type="checkbox"/> My SS/SSI check has decreased | <input type="checkbox"/> I now receive SS/SSI payments | <input type="checkbox"/> My SS/SSI check has increased |
| <input type="checkbox"/> I no longer receive a SS/SSI check | <input type="checkbox"/> I am no longer receiving Child Support | |

Other: _____ (please explain)

<u>First Name</u>	<u>Last Name</u>	<u>Income Source (From where/who)</u>	<u>Amount</u>	<u>How often (Weekly/monthly)</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Please provide current income with this update form if there has been a change.
 Please list all household from all sources. (ie, wages, child support, FIP, Social Security, etc...)

Members Name	Source of Income and Type	Annual Income

List Names, Addresses and Phone Numbers of two relatives or friends who generally know how to contact you:

Name:	Address:	Phone:
Name:	Address:	Phone:

Please complete the following questions:

Do you anticipate any changes in the household within the next year? _____ If yes, please explain.

How many people live in your home now? _____ How many bedrooms do you have? _____

How long have you been at your current address? _____

What is your current housing condition? _____

I understand that the STHA is relying on this information to verify my household's eligibility for STHA housing assistance programs. I certify that all information and answers to the questions contained in this application are true and complete to the best of my knowledge. I authorize my consent to have the STHA verify the information contained in this application for purposes of proving my eligibility for occupancy and/or any other housing assistance provided by the STHA. I will provide all necessary information including sources(s) of all types of income, names, addresses, phone numbers, account numbers where applicable and any other information required for expediting the application process. I hereby authorize and instruct the STHA to obtain and review my Landlord references (past and present, including Public Housing Agencies), criminal history and credit report for pre-qualifying purposes. I consent to release the information to determine my eligibility including minors who will reside in the home.

My signature below also authorizes the release of account information from and to other financial institutions that I have supplied to the STHA in connection with such evaluation. In other words, I understand that the processing of this application will require providing my information to an agency as well as an agency providing personal information to the STHA. I understand that acceptance for occupancy is contingent on all occupants meeting STHA resident's selection criteria and the applicable program requirements and policies as they now exist or as they may hereafter be amended.

I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for housing programs. I further understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge, and I understand that my selection for Tribal Housing may be contingent upon the Housing Authority being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in my eviction from any dwelling unit obtained by the Housing Authority and possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

WARNING Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Applicant Signature: _____

Date: _____

Co Applicant Signature: _____

Date: _____ **OR**

Other Adult: _____

Date: _____

<p>Office use only:</p> <p>_____</p> <p>Received by: _____</p> <p>_____</p> <p>Date _____</p>
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