

# Sault Ste. Marie Tribe of Chippewa Indians

*Housing Authority*

*154 Parkside Drive*

*Kincheloe, MI 49788*

*906.495.1450 or 1.800.794.4072*

## **Low-Income Rental and Rental Assistance Program**

### **Please Read Carefully and Answer all Questions Completely**

The Sault Tribe Housing Authority has units across the Upper Peninsula of Michigan. Rent is based on annual adjusted income. There is a waiting list for all of our housing sites. Timeliness of selection depends on the availability of housing units. **Unfortunately, we are unable to offer emergency housing.**

We require that you update your application every three (3) months. If there are changes in address, income or family composition it needs to be reported immediately. The application will be filed inactive and removed from the waiting list if it is not updated.

The application must be completed before it will be considered for selection. All questions must be answered.

Items that you will need to complete your application:

- Social Security Cards for all household members
- Updated Tribal cards for all Tribal Members
- Drivers licenses for each family member eighteen years of age or older.
- Birth Certificates for all family members under the age of eighteen.
- Verification of Custody and/or Parenting time for all children under the age of eighteen.
- Income Verification: (Wages, FIP, Social Security Award Letter, Child Support, G.A., etc.)
- Two landlord references from your most recent landlords. If you have rented from a federally subsidized program, a reference from them must be provided.
- If you have never rented or can only supply one landlord reference, three personal references from professionals such as Social Workers, Case Workers, Teachers, Counselors, etc. must be submitted. **Personal references will NOT be accepted if you have rented in the past.**
- Authorization for Release of Information ~ for all family members 18 years of age and older.

When a home is available, the Housing Division Director reviews the completed applications for that site and bedroom size. Tenant selection is based on the following criteria.

- Income eligibility
- The need for housing
- Tribal Membership
- Member of another Federally Recognized Tribe
- Satisfactory Criminal Records check
- Acceptable Landlord References
- All situations being equal, the date of application will be used as a deciding factor
- All situations being equal, Families living within the seven county service area will be considered first

If you have any questions or need assistance completing the application you may contact an Occupancy Specialist at (906) 495-1450. Please return your application along with supporting documentation to the address above.

**Please note that one of the requirements to renting a home with the STHA is that the Lessee must have the utilities in their name at the time of move-in.**

**We do not accept faxed applications. You are required to supply the original application. Please do not fax applications.**

Updated 01/27/2016



## Section 2: INTAKE FORM

Summary of Personal, Employment, & Financial Information	
Applicant	Co-Applicant
Name:	Name:
Address:	Address:
City:	City:
State: <span style="float: right;">Zip:</span>	State: <span style="float: right;">Zip:</span>
Length at current address:	Length at current address:
Tribal Affiliation:	Tribal Affiliation:
DOB:	DOB:
Social Security #:	Social Security #:
Phone # (s): Home: Cell: Message: Work:  Can we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone # (s): Home: Cell: Message: Work:  Can we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous address if less than 2 yrs. Address: City: State: <span style="float: right;">Zip:</span>	Previous address if less than 2 yrs. Address: City: State: <span style="float: right;">Zip:</span>
e-mail address:	e-mail address:

List all household members that are applying to live in this home with you.

Name <i>First, Middle Initial, Last</i>	Relationship	DOB	Sex	SS #	Tribal Affiliation



**Background Information**

1. Have you or any member of your household filed for bankruptcy or foreclosure? Yes  No   
 Explanation: \_\_\_\_\_
2. Do you or any member of your household owe money to any utility company? Yes  No   
 Explanation: \_\_\_\_\_
3. Are you now or have you ever rented from a Government Subsidized Housing Program? Yes  No   
 If yes, when and where: \_\_\_\_\_
4. Do you or any member of your household owe money to the STHA? Yes  No   
 Explanation: \_\_\_\_\_
5. Have you ever committed fraud in a Federally Subsidized Housing Program or been asked to repay money for knowingly misrepresenting information for such housing program? Yes  No   
 If yes, please explain: \_\_\_\_\_
6. Have you or any member of your household been evicted form a rental unit of any type, including a home, apartment, mobile home, etc.? If you are currently being evicted, please submit a copy of your eviction notice. Yes  No   
 Explanation: \_\_\_\_\_
7. Do you or any member of your household have a family or business relationship with an employee, Board of Commissioner of the Sault Tribe Housing Authority, or a Tribal Board of Director Member? Yes  No   
 Explanation: \_\_\_\_\_
8. Are you and all members of your household United States citizens? Yes  No   
 (if you answered no, you must provide legal documentation authorizing all members of your household to live in the United States)  
 Explanation: \_\_\_\_\_
9. Have you or any member of your household ever used any name(s) or social security numbers other than the one currently being used? If yes, who and what name(s)? (this would include maiden names and a name from a previous marriage) Yes  No   
 Explanation: \_\_\_\_\_
10. Have you or any member of your household ever been convicted of a crime other than a traffic violation? (if yes, please explain and use another piece of paper if needed) Yes  No   
 Explanation: \_\_\_\_\_

**Emergency Contact**

List 2 people that can be contacted in case of an emergency

Name (Relationship)	Address	Phone number

### Rental History

Your CURRENT Address:	How Long?
City:	From: <span style="float: right;">To:</span>
State: <span style="float: right;">Zip:</span>	Reason for Moving?
Landlords Name:	Landlords Phone Number
Landlords Address:	
Landlords City:	
State: <span style="float: right;">Zip:</span>	
Were you evicted by this Landlord? If yes, please explain in detail:	
Previous Address:	How Long?
City:	From: <span style="float: right;">To:</span>
State: <span style="float: right;">Zip:</span>	Reason for Moving?
Landlords Name:	Landlords Phone Number
Landlords Address:	
Landlords City:	
State: <span style="float: right;">Zip:</span>	
Were you evicted by this Landlord? If yes, please explain in detail:	
Previous Address:	How Long?
City:	From: <span style="float: right;">To:</span>
State: <span style="float: right;">Zip:</span>	Reason for Moving?
Landlords Name:	Landlords Phone Number
Landlords Address:	
Landlords City:	
State: <span style="float: right;">Zip:</span>	
Were you evicted by this Landlord? If yes, please explain in detail:	

**If no rental history, please attach a Statement as to the reason(s) why.**

Income Information

Income is counted for everyone 18 or older (unless legally emancipated) however,  
YOU MUST SUBMIT ALL CURRENT INCOME-INCLUDING MINOR CHILDREN

Include all income ANTICIPATED for the next 12 months

Name	Source of Earned Income	Annual Earned Income

**Earned Income:** Start with the applicant, then list all household members who have an EARNED income. Provide copies of current pay check stubs. If self employed, you must provide your most recent tax return with W-2's

Name	Source of Unearned Income	Annual Unearned Income

**Unearned Income:** Starting with the applicant, list all household members who have an unearned income such as Social Security, Retirement, Disability, Unemployment, Alimony, Child Support, Per Capita payments, etc. Provide check stubs or award letters for verification.

Do you or anyone in your household receive or expect to receive income from:

Employment wages or salaries? \_\_\_\_\_ Yes  No

Unemployment benefits? \_\_\_\_\_ Yes  No

Child support? \_\_\_\_\_ Yes  No

Cash assistance from DHS? \_\_\_\_\_ Yes  No





**Signature Clause**

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.

I understand that providing false information or making false statements is grounds for denial of my application. I also understand that such action may result in criminal penalties. I further understand that the STHA will require a criminal background check on any of the applicants and occupants residing in or applying to reside in the home. It is understood that assistance may be denied or discontinued as a result of a conviction of a crime or any other violation of the STHA policies. My signature below also authorizes the release of information between Tribal Social Services and the Department of Human Resources for the purpose of assisting me and my family with housing assistance.

I know that I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the home.

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

I certify that the house or apartment will be my principal residence and that I will not obtain duplicated Federal housing assistance while I am in this current program. I will not live anywhere else without notifying Housing Management immediately in writing. I will not sublease my assisted residence. I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing required forms. I understand that failure or refusal to do so may result in delays or termination of assistance and/or eviction.

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.**

<b>X</b>	<b>X</b>
Applicant Signature	Co-Applicant Signature
Date	Date

All additional ADULT household members (18 yrs +) must sign below indicating consent for the Release of Information as described above:

Signature	Date
Signature	Date
Signature	Date

**AUTHORIZATION  
FOR RELEASE OF INFORMATION**

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Sault Ste. Marie Tribe of Chippewa Indians Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Employment, Income, and Assets      Residences and Rental Activity      Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but are not limited to:

Previous Landlords (including	Past and Present Employers	Veterans Administration
Public Housing Agencies)	Tribal Social Services Agencies	Retirement Systems
Courts and Post Offices	State Social Services Agencies	State Unemployment Agencies
Utility Companies	Banks / Financial Institutions	Credit providers and
Social Security Administration	Law Enforcement Agencies	Credit Bureaus Utility Companies

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

**ACKNOWLEDGMENT:** Each of the undersigned hereby acknowledges that any owner of the Loan its services, successors and assigns, may verify or re verify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Personal Information	
Name Last:	Middle:
First	Maiden: Other Names Used:
Social Security Number:	Birth Date:
Drivers License/State ID Number:	State Issued:
Address:	
City, State, Zip:	
Tribal Affiliation:	

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sault Ste. Marie Tribe of Chippewa Indians  
Housing Authority  
154 Parkside  
Kincheloe, MI 49788  
Fax : 906-495-1456**

**Landlord Reference Questionnaire**

Dear \_\_\_\_\_  
Landlord's name and address  
\_\_\_\_\_  
\_\_\_\_\_

The family listed below has applied for housing with our program. I am asking your cooperation in supplying information on the tenant history of this family. This information will be used only in determining whether the family can be accepted for admission. Your prompt response is appreciated. If you have any questions, please call me at 1.800.794.4072 or 906.495.1450

Thank You

\_\_\_\_\_  
Loretta Robinson, Occupancy Specialist

I hereby authorize the release of the information below.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Rental Unit  
\_\_\_\_\_

Current Landlord  Previous Landlord  Other \_\_\_\_\_ Is this a subsidized unit? \_\_\_\_\_

Date of applicant's tenancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Bedroom Size: \_\_\_\_\_

**Payment History**

Monthly rent amount? \_\_\_\_\_ Is (was) the applicant current on rent? \_\_\_\_\_

Have you ever begun eviction proceedings for non-payment? \_\_\_\_\_

Does the applicant still owe money? \_\_\_\_\_ How Much? \_\_\_\_\_

**Caring For the Unit**

Does (did) the applicant keep the unit clean? \_\_\_\_\_

Has the applicant damaged the unit? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Will (did) you keep any of the Security Deposit? \_\_\_\_\_

**General**

Are you aware of any problems such as alcohol abuse and/or domestic violence? \_\_\_\_\_

Please Describe: \_\_\_\_\_

Does the applicant interfere with the rights and quiet enjoyment of other residents? \_\_\_\_\_

Please Describe: \_\_\_\_\_

Would you rent to this family again? \_\_\_\_\_ If not, why? \_\_\_\_\_

What was the family's reason for moving? \_\_\_\_\_

Are you related to this family? \_\_\_\_\_ If yes, what is the relationship? \_\_\_\_\_

Did this family rent from you or did they stay with you? \_\_\_\_\_

What previous address did the applicant give when they applied for housing?  
\_\_\_\_\_

What forwarding address did the applicant give when they moved?  
\_\_\_\_\_

Additional comments or concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number