



## Low Rent Application

**Saginaw Chippewa Housing**

**2451 Nish Na Be Anong**

**Mt. Pleasant, MI 48858**

Phone: (989) 775-4532

Toll Free: (989) 1-800-894-9887

Fax: (989)775-4580

Please take this form with you and return it with all the documents that are checked. These documents must be on file for your application to be correctly processed.

\_\_\_\_\_ Three landlord references and addresses from non-relatives

\_\_\_\_\_ Three letters of reference from non-relatives

\_\_\_\_\_ Documentation of income, pay stubs, or per capita stubs, etc.

\_\_\_\_\_ Copies of Social Security Cards for **ALL** family members.

\_\_\_\_\_ Copies of Tribal Enrollment cards for all family members for documentation of being Native American.

\_\_\_\_\_ Documentation of homelessness, substandard living conditions or paying 50% or more of income for rent.

\_\_\_\_\_ Documentation of assets.

Please be advised that you need to contact our office every ninety days to update your application. If you do not contact us, you will be taken off the Waiting List at the end of the ninety (90) days.

**Provide a current (ICHAT) criminal history background check.**

**There is a \$500.00 "security deposit" due at move in.**

**\*Please note: All Housing units are smoke free – no smoking is allowed within 25 feet of any unit or building.**

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

Date: \_\_\_\_\_

Please return all applications to:

Saginaw Chippewa Housing

2451 Nish Na Be Anong

Mt. Pleasant, MI 48858

## RELEASE OF INFORMATION AGREEMENT

### APPLICANT/CLIENT INFORMATION:

Name: \_\_\_\_\_

Alias: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Day time Telephone Number: Area Code (\_\_\_\_\_) \_\_\_\_\_

Tribal Member: \_\_\_\_\_ What Tribe: \_\_\_\_\_ Member Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own Rent (Please circle) Monthly Payment or rent: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own Rent (Please circle) Monthly Payment or rent: \_\_\_\_\_

How Long: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_

Single Married Divorced (Please circle) Driver's License No: \_\_\_\_\_

Vehicle Registration number \_\_\_\_\_

Email address \_\_\_\_\_

***I HEREBY AUTHORIZE CONFIDENTIAL INFORMATION TO BE RELEASED  
BETWEEN THE AGENCIES LISTED IN THE AGREEMENT***

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**AGENCIES RELEASING INFORMATION TO EACH OTHER MAY INCLUDE  
(BUT ARE NOT LIMITED TO):**

**Saginaw Chippewa Housing  
2451 Nish Na Be Anong  
Mt. Pleasant, MI 48858**

Support and Alimony Providers  
Child Care Providers  
Retirement Systems  
Courts and Post Offices  
Social Security Administration  
Tribal and/or State Social Services  
Department of Social Services  
Utility Companies  
Law Enforcement Agencies  
Credit Provider/Credit Bureaus  
Previous Landlords  
Schools and Colleges  
Previous and Current Employers

## AUTHORIZATION FOR CREDIT CHECK

**By signing this Application below, Applicant(s) hereby authorize(s) landlord to contact all references identified above and obtain a credit report regarding Applicant's credit history.**

Applicant(s) represent(s) to the lessor that the information listed above is true and correct, and that the same is given for the purpose of securing a lease agreement on the above described property.

The application fee mentioned above has been deposited with the lessor by applicant(s) upon the understanding that the deposit shall be retained to cover the cost of taking and processing this application. This deposit shall be non-refundable under all terms.

The application is made with the understanding that it is subject to acceptance and execution by an authorized representative of the lessor, and delivery of a lease covering the premises.

\_\_\_\_\_  
**Applicant Signature**                      **Date**

\_\_\_\_\_  
**Co-Applicant Signature**              **Date**

\*Disclosure: Applicant will be disqualified if application is not fully completed.

Accepted or Rejected By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **THINGS YOU SHOULD KNOW**

### **Purpose**

Don't risk your chances for Federally assisted housing by providing false, incomplete or inaccurate information on your application and recertification forms:

*This is to inform you that there is certain information you must provide when applying for assisted housing: There are penalties that apply if you knowingly omit information or give false information.*

### **Penalties for Committing Fraud**

The United States Department of Agriculture, USDA Farmer's Home Administration (FmHA) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be:

- Evicted from your apartment or house
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000.00
- Imprisoned for up to 5 years, and/.or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

### **Asking Questions**

When you sit down with the person who goes over your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out the answer for you.

### **Completing the Application Form**

When you give your answers to application questions, you must include the following information:

- All sources of funds you and the members of your family receive in wages, disability, welfare payments, alimony, social security, pensions, per capita, etc.
- Any money you receive in behalf of your children, including child support, social security for children, etc.
- Income from assets, interest from savings accounts, credit unions, certificates of deposit or dividends from stocks, bonds, etc.
- Earnings from a second job or a part time job, including tips
- Any anticipated income such as a bonus or pay raise you expect to receive

### **Assets**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last two (2) years for less than its full value, such as your home to your children.

### **Family Household Members**

The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

### **Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.

- ❑ When you sign application and recertification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- ❑ Information you give on your application will be verified by your housing agency. In addition, Housing may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

### **Recertification**

You must provide updated information at least once a year. You are also required to report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- ❑ All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- ❑ Any family/household member who has moved in or out.
- ❑ All assets that you or your family/household member owns and any asset that was sold in the last two (2) years for less than its full value.

### **Beware of Fraud**

You should be aware of the following fraud schemes:

- ❑ Do not pay any money to move up on the waiting list.
- ❑ Do not pay for anything not covered by your lease.
- ❑ Get a receipt for any money you pay.
- ❑ Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

### **Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the Housing Manager. If you cannot report to the manager, report to the Planning Office Director at 775-4014.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**NOTE:** Because of past problems with applications not being kept updated and to avoid future problems, please notify the Housing Office if you move or your family status changes. Without current information, you may be removed from the waiting list.

**NOTE: ALL INFORMATION IS SUBJECT TO VERIFICATION**

**Preferences** are given for priority ranking on the waiting list: Please check one if needed. **THIS CANNOT BE PROCESSED WITHOUT WRITTEN VERIFICATION:**

- 1 \_\_\_\_\_ Involuntarily Displaced: Explain: \_\_\_\_\_
- 2 \_\_\_\_\_ Substandard Housing: Explain: \_\_\_\_\_
- 3 \_\_\_\_\_ 50% Income for Rent: Explain: \_\_\_\_\_

**APPLICANT**

**Applicant No. 1**

Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_

**Applicant No. 2**

Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_

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

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

Household Composition and Characteristics: List the Head of Household and all other members who will be living in the apartment. Give the relationship of each family member to the head of household.

Member Name	Relationship	Birth date	Sex	Soc. Sec. No.

**INCOME AND ASSET INFORMATION**

**INCOME**

Family Member Name	Source and Type of Income	Annual Income

**ASSETS**

Member Name	Bank	Account No.	Current Balance

**LIST THE VALUE OF ALL STOCKS, BONDS, TRUSTS, PENSIONS,  
CONTRIBUTIONS OR OTHER ASSETS**




Please answer each of the following questions. For each “YES” answer, provide an explanation:

<b>1. Is any member of your household employed full time, part time or seasonally?</b>
<b>2. Does any member of your household expect to work for any period during the next twelve months?</b>
<b>3. Does any member of your household work for someone who pays him or her in cash?</b>
<b>4. Is any member of your household on leave of absence from work due to lay off, medical, maternity or military leave?</b>
<b>5. Does any member of your household now receive or expect to receive unemployment benefits?</b>
<b>6. Does any member of your household now receive or expect to receive child support?</b>
<b>7. Is any member of your household entitled to receive child support that he/she is not now receiving?</b>
<b>8. Does any member of your household now receive or expect to receive alimony payments?</b>
<b>9. Is any member of your household entitled to alimony payments that he/she is not now receiving?</b>
<b>10. Does any member of your household receive or expect to receive welfare assistance?</b>
<b>11. Does any member of your family receive or expect to receive Social Security Benefits?</b>
<b>12. Does any member of your family receive or expect to receive income from a pension or annuity?</b>
<b>13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?</b>
<b>14. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?</b>
<b>15. Does any member of your household receive or expect to receive an earned income tax credit?</b>
<b>16. Do you own a home or other real estate?</b>
<b>17. Have you sold a home or other real estate?</b>
<b>18. If yes, what was the market value of the asset?</b>
<b>19. How much did you sell it for? \$</b>

**PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. FOR EACH "YES" ANSWER, PROVIDE THE DETAILS:**

**EXPENSES**

1. Do you pay for childcare which enables you or another family member to work or go to school? \_\_\_\_\_

If yes, give name and address of childcare provider, weekly cost and name of the family member enabled to work:


**FAMILIES WITH HANDICAPPED MEMBERS**

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work?


If yes, give name and address of the care attendant, weekly cost, and name of the family member enabled to work:


**ELDERLY FAMILIES ONLY NEED TO FILL OUT THIS PORTION**  
**Ages 50-55 Near Elderly; 55 and over Elderly**

	Yes	No
1. Do you have Medicare?		
2. Do you carry your own insurance coverage?		
3. If yes, Policy No.: _____ Monthly Premium \$		
4. Do you receive medical assistance through the welfare department?		
5. Do you have any outstanding medical bills, which you are now paying?		
6. Do you expect to have medical expenses during the next 12 months?		
7. If yes, give anticipated dollar amount: \$		
8. What is the nature of your expected medical expenses?		

**PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF TWO  
PERSONAL REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF YOUR  
PRIMARY PHYSICIAN AND SOCIAL SERVICE WORKER, IF APPLICABLE**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**COMMENTS/ADDITIONAL INFORMATION:**

**Use an additional piece of paper if necessary**

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## APPLICANT CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, Tribal or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and beliefs. I/we understand that false statements or information are punishable under Federal Law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Head of Household

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse

Tribal Affiliation: \_\_\_\_\_ Membership No.: \_\_\_\_\_

**WARNING: Section 1001 of Title 10 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation to any Department or Agency of the United States or to any matter within its jurisdiction.**

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1. Tribal Affiliation of Head of Household:
2. Membership Number:
3. Or proof of Descendent
4. Does anyone live with you not listed on page 5?
5. Is the head or spouse handicapped or disabled? If yes, explain
6. Is anyone else in the household handicapped/disabled?
7. Identify any special housing needs required as a result of handicap

### CURRENT HOUSING STATUS

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

Are you being evicted? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are you being displaced? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

What is your current rent? \$ \_\_\_\_\_

What are you paying monthly for electric and gas? \$ \_\_\_\_\_

Are you now living in subsidized housing (Section 8, Section 236, Section 221(d)(3) or Farmer's Home Subsidized payments? \_\_\_\_\_

What is the condition of your current housing: Standard Unsafe/Unsanitary No indoor Plumbing or Kitchen? Currently Homeless (circle those that apply)

### LIST TWO PRIOR LANDLORD REFERENCES

**Note: You must have names, addresses and Phone Numbers and they must NOT be related to you:**

**Current landlord:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_



## Authorization for Credit Check

Please print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and State \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone # \_\_\_\_\_

By signing below, you hereby authorize Saginaw Chippewa Housing Dept. to obtain a credit report for the purpose of credit and budgeting assistance/Housing assistance.

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Signature



# SAGINAW CHIPPEWA HOUSING

2451 NISH-NA-BE-ANONG MT. PLEASANT, MI 48858 (989) 775-4532  
(989) 775-4580

## Verification of Landlord Reference

\_\_\_\_\_ is an applicant/tenant for housing assistance which is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, the undersigned, do hereby authorize the release of the information requested to Saginaw Chippewa Indian Tribe of Michigan, Housing Department in Mount Pleasant, Michigan.

Applicant/tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or see signed Authorization for the Release of Information)

**Previous Address:** \_\_\_\_\_  
\_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING INFORMATION:

Did or does the tenant pay rent on time? ( ) Yes ( ) No

If no, please explain: \_\_\_\_\_

Does Tenant owe any money for rent? \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

Were there any problems with the tenant disturbing neighbors? ( ) Yes ( ) No

If yes, explain: \_\_\_\_\_

Length of tenancy: From \_\_\_\_\_ To \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Would you ever rent to this Tenant again? \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

(Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.)

For Office Use Only: \_\_\_\_\_ Initial \_\_\_\_\_ Annual \_\_\_\_\_ Interim \_\_\_\_\_ Occupancy Specialist \_\_\_\_\_