

**HOUSING PROGRAMS**  
**PRE-APPLICATION**

Please complete the information requested below. **If you need assistance completing this pre-application, please call the Pokagon Band Department of Housing toll free 877-983-0385. Thank you!**

**1. APPLICANT INFORMATION**

<b>a. Last Name</b>	<b>b. First Name</b>	<b>c. Middle</b>	<b>d. Prior Last Name(s)</b>
<b>e. Tribal Enrollment Number</b>	<b>f. Street Address or P.O. Box</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>g. Date of Birth</b>	<b>h. Telephone Number</b>	<b>i. Alternate Number or Contact Information</b>	
<b>j. Social Security Number</b>	<b>k. Drivers License Number</b>		

**2. HOUSEHOLD COMPOSITION**

<b>a.</b> Name of Each Household Member	<b>b.</b> Relationship to Applicant	<b>c.</b> Date of Birth	<b>d.</b> Sex	<b>e.</b> Age	<b>f.</b> Enrollment #	<b>g.</b> Social Security & Drivers License Number	<b>h.</b> Present 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?**  Yes  No  
 If yes, please list their name and anticipated due date:

**3. CRIMINAL HISTORY**

<b>a. Have you or any member of your household ever been convicted of a felony?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the crime and state(s) committed?	
<b>b. Are you or any member of your household presently on probation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c. Are you or any member of your household presently on parole?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4. HOUSEHOLD INCOME**

Please list below the annual income of each Household Member 18 years of age or older. If a Household Member is not receiving 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:			

**5. HOUSING HISTORY**

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>	<input type="checkbox"/> Rent <input type="checkbox"/> Own			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Rent <input type="checkbox"/> Owned			<input type="checkbox"/> Yes <input type="checkbox"/> No

**6. GENERAL INFORMATION**

a. How many Household Members are 17 years of age or younger?	Number:
b. How many Household Members are Pokagon Band Tribal Members?	Number:
c. Of those who will be residing with you, is one of them your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you or any Household Members who are 18 years of age or older presently unemployed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please list the unemployed Household Member(s), how long and why unemployed.	
f. Are you or any Household Members receiving public assistance of any kind? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please list who is receiving the assistance and what type:	

<p><b>g.</b> Have you received any kind of prior housing assistance from the Pokagon Band? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list assistance and approximate dates received:</p>
<p><b>h.</b> Are you presently receiving any other services or assistance from the Pokagon Band? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:</p>
<p><b>i.</b> Do you or any Household Member owe money to the Pokagon Band? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list amount and type of debt:</p>
<p><b>j.</b> Are you or any Household Member in the process of filing, considering filing for bankruptcy, or have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list when the bankruptcy was filed or when you plan to file and why:</p>
<p><b>k.</b> Are you presently behind on payments for any kind of debt; or have you ever been behind on payments; or have you ever not paid a debt (car payments, credit cards, medical bills, or other debts)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your unpaid and/or delinquent debts:</p>
<p><b>l.</b> Have you applied for any type of loan or credit in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the loan applied for and the outcome:</p>
<p><b>m.</b> Would you consider your present credit to be less than good? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p><b>n.</b> Are you the foster parent of a Pokagon child or children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many foster children are in your care:</p>
<p><b>o.</b> Is there a major event in your life right now that is affecting your housing situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p><b>p.</b> Are you or anyone in your Household in need of a home that is accessible to a person with disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain accessibility needed:</p>

q. Are you interested in living on Tribally-owned land?  Yes  No

If no, where would you like to live?

r. Is there anything else you would like to share with us that may have an impact on your present or future housing condition?  Yes  No

If yes, please explain:

**7. CERTIFICATIONS**

As the Pre-Applicant and Household Members 18 years old and older, you must read the terms listed below, sign and date that you understand and agree to them. As you read, please sign your initials on the line at the end of each paragraph. Please contact the Housing Department at the number listed on the first page of this document if you need assistance understanding these terms or the application process in general.

- a. **Pre-Application.** I understand that this Pre-application starts the process of applying for housing assistance. The purpose of this Pre-application is to obtain basic information necessary to begin my Household Need Assessment – a tool used to determine the housing program(s) for which I am eligible and that would be most suitable based on my present housing situation, finances, credit, and other factors that affect my housing status. Once my Household Need Assessment is complete and I am determined eligible and suitable for a program, I understand that I will then sign an Application that contains all verified eligibility and Household information. \_\_\_\_\_
- b. **Eligibility Documentation.** Based on the information I have provided in this Pre-Application, I understand that I may be asked to complete additional forms and documentation, including personal financial information, as part of my Household Need Assessment. It is my responsibility to provide all documentation and information necessary to support my eligibility and suitability for admission into a housing program. I also understand that the Housing Department, upon my request, will make every effort to assist me in completing this Pre-Application so that I have a fair opportunity to be admitted a housing program. \_\_\_\_\_
- c. **Program Counseling.** I understand that as a condition of admission into any Pokagon housing program I may be required, based on my Household Need Assessment, to attend mandatory workshops or counseling with the Pokagon Band Housing Department to best ensure that my experience in a housing program is successful. \_\_\_\_\_
- d. **Program Training.** I understand that as a condition of admission into any Pokagon housing program I may be required, based on my Household Need Assessment, to attend mandatory training on homeownership, budgeting, credit, or other training. \_\_\_\_\_
- e. **Waiting List.** I understand that based on the selection criteria set forth in the *Pokagon Band's Policy on Eligibility, Admissions, and Occupancy for Housing Programs*, I may be placed on a waiting list. During my time on the waiting list, I must renew my application annually or as my Household status changes. I must also provide any update information at least annually and whenever requested by the Housing Department to ensure that I remain eligible while on a waiting list. \_\_\_\_\_
- f. **Tax Agreement Area.** I understand that if I reside in the Pokagon Band tax agreement area that I will get certain types of tax benefits as a Pokagon Band Member; and if I do not reside in this area I will not get those benefits. I further understand that I must contact the Pokagon Band Finance Department to obtain information on how the tax agreement benefits work. \_\_\_\_\_
- g. **Credit Check.** I authorize the Pokagon Band Department of Housing to obtain a report of my credit and understand that I will be given a courtesy copy of the report during my Household Need Assessment meeting with housing staff. \_\_\_\_\_
- h. **Background Check.** I understand that if I am being placed into a Pokagon Band Department of Housing owned or operated housing unit I must receive a criminal history review. The Department must also review past and present employment and housing information to conduct the Household Need Assessment. Therefore, I

authorize without reservation the Pokagon Band of Potawatomi Indians to acquire information concerning my employment, housing and criminal histories. I understand that inquiries may be made to various federal and state agencies, employers, and references for the purpose of seeking information as to my personal characteristics, credit worthiness, employment status and criminal history.\_\_\_\_\_

- i. Complaints and Appeal.** I understand that should I be denied housing assistance and feel that such decision is in error, I may appeal the decision following *Section Q – Complaints and Appeals, Policy on Eligibility, Admissions, and Occupancy for Housing Programs*, a copy of which I have received with this Pre-Application.\_\_\_\_\_
- j. Fraud.** I understand that if I provide any intentionally misleading information to the Pokagon Band Department of Housing on this form, by word or other means, it shall be considered an attempt to deceive and will result in immediate suspension of the application process and denial of housing assistance. I understand that I have full unfettered access to Housing staff to answer any questions I may have or to assist me with compiling documentation I need to apply for a Housing program.\_\_\_\_\_
- k. Conflict of Interest.** I understand that eligibility for programs and admission into units operated by the Housing Department shall be fair at all times and in all respects. Tribal Council and the Housing Department employees shall be fair and impartial in selecting people to participate in programs of the Housing Department. All elected officials and employees are prohibited from making determinations based in whole or in part on family ties, political views, or personal bias. I understand that I am to make no efforts to influence the admissions process by lobbying housing staff or Tribal Council members and if I feel a decision is in error I will follow the grievance policy and procedures identified in *Paragraph i.* above.\_\_\_\_\_

I understand and agree to the above terms and certify that all information listed on this form and provided in support of it is true and accurate, to the best of my knowledge.

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Applicant / Head of Household Print Name and Signature

Date

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Household Member Print Name and Signature

Date

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Household Member Print Name and Signature

Date

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Household Member Print Name and Signature

Date

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Household Member Print Name and Signature

Date