

Kékyajek Odanek
Application for Admissions

APPLICANT INFORMATION

| | | | |
|-----------------------------|-------------------------------|-------------------|---------------------|
| | | | |
| 1. Last Name | 2. First Name | 3. Middle Initial | 4. Prior Last Names |
| | | | |
| 5. Tribal Enrollment Number | 6. Street Address or P.O. Box | City | State Zip Code |
| | | | |
| 7. Date of Birth | 8. Telephone Number | | |

HOUSEHOLD INFORMATION

| | |
|---|---|
| 10. If selected for admission into elder housing, will you be living alone? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 11. If not living alone, please continue with the following questions. | |
| a. How many household occupants are 17 years of age or younger? | |
| b. How many household occupants are Pokagon Band Tribal Members? | |
| c. Of those who will be residing with you, is one of them your spouse? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| d. Is your spouse a Pokagon Band Tribal Member? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| e. Is your spouse between the ages of 55 to 59? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| f. Is your spouse 60 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

HOUSEHOLD INCOME

| | | |
|--|--|-----------|
| 12. Are you presently employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13. Are you presently receiving any other services from the Pokagon Band? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. If yes, please list them: | | |
| 14. Please complete the Household Member Form, then list below the incomes of each household member: | | |
| a. Name (begin with applicant, then spouse) | b. Social Security Number | c. Amount |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| d. Total: | | |

VETERAN'S STATUS

| | |
|---|---|
| 15. Are you an honorably discharged veteran of the U.S. Armed Services? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|---|---|

APPLICANT CRIMINAL HISTORY

| | |
|--|---|
| 16. Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. In what state or states was the crime committed? | |
| 18. Are you presently on probation? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 19. Are you presently on parole? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

DISABILITY STATUS

| | |
|--|--|
| 20. Are you a person with disability (see definition of disability in instructions)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Are you in need of a home that is accessible to a person with disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Is anyone in the household in need of a home that is accessible to a person with disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CERTIFICATIONS

As the applicant and household members 18 years old and older, you must read the statements listed below, sign and date that you understand and agree to them.

1. **Application.** I understand that the application which I have just completed is for admission into Kékyajek Odanek (*Elders Village*). The purpose of this application is to obtain the basic information necessary to determine whether I am eligible for admission based on the requirements of the Kékyajek Odanek Policy on Eligibility, Admissions and Occupancy.
2. **Eligibility Documentation.** Based on the information I have provided in this application, I understand that I may be asked to complete additional forms and documentation. It is my responsibility to provide all documentation and information necessary to support my eligibility for admission into Kékyajek Odanek. I also understand that the Housing Department, upon my request, will make every effort to assist me in completing this application so that I have a fair opportunity to be admitted into Kékyajek Odanek.
3. **Program Counseling.** I understand that as a condition of admission into Kékyajek Odanek, I will be required to attend counseling with the Housing Department to ensure that my stay in Kékyajek Odanek is safe and successful.
4. **Waiting List.** I understand that based on the selection criteria set forth in the Kékyajek Odanek admissions and occupancy policy, I may be placed on a waiting list. During my time on the waiting list, I must provide any update information required by the Housing Department to ensure I remain eligible while on the waiting list and make any changes on my application information that could affect my preference score.
5. **Background Check.** I authorize, without reservation, the Pokagon Band of Potawatomi Indians or any party or agency contacted by the Pokagon Band of Potawatomi Indians to procure my consumers credit report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle or other history. 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, general reputation and mode of living.
6. **Grievance.** I understand that should I be denied admissions into Kékyajek Odanek and feel that decision is in error, I may file a grievance regarding that decision pursuant to the grievance procedures governing housing programs.
7. **Fraud.** I understand that if I provide any misleading information on this form or to the Housing Department by word or other means, shall be considered fraud, and will result in immediate denial of this application. And will be forwarded to the Tribal Prosecutor.
8. **Conflict of Interest.** Eligibility for programs and admission to 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.

I understand and agree to the above terms of this application 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.

Applicant (Head of Household) *Date*
Signature

Signature *Date*

Signature *Date*

Signature *Date*