



<b>OFFICIAL USE ONLY</b> HS #: _____ Student Assistance
---

**STUDENT RENTAL ASSISTANCE PROGRAM APPLICATION  
 & PROGRAM AGREEMENT**

Please complete the information requested below. Please attach a copy of tribal ID, student's schedule reflecting full time status, verification of income, and copy of your lease agreement. **If you need assistance completing this 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>
			Circle: YES or NO
<b>e. Tribal Enrollment Number</b>	<b>f. Permanent Address</b> City    State    Zip Code	<b>g. Is your permanent address outside the service area?</b>	
<b>h. Date of Birth</b>	<b>i. Telephone Number</b>	<b>j. Alternate Number or Contact Information</b>	
<b>k. Social Security Number</b>	<b>l. Drivers License Number</b>		

**2. HOUSEHOLD INCOME**

Please list below the annual income for student ONLY if the student will file their own 1040 income tax form this year. Otherwise, list each Household Member living at the student's PERMANENT address with age and their annual income. If a Household Member is not receiving income, please list "no income".

<b>a. Name (Applicant first then other household members)</b>	<b>b. Age</b>	<b>c. Source of income(s) or Employer</b>	<b>d. Annual Income</b>
<b>e. Total:</b>			



**3. RENTAL UNIT**

<b>a. Address</b> (Address, City, State, Zip Code)	<b>b. Residency Type</b>	<b>c. Will you need to pay rent during summer months?</b>	<b>d. Monthly Payment</b>
	<input type="checkbox"/> Off campus <input type="checkbox"/> Dorm	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

**4. LANDLORD INFORMATION**

a. Name of Landlord or University that rent will be paid to:	
b. Address of Landlord or university:	
c. Phone number of landlord or university: (     )     -	
d. Would your landlord prefer direct deposit? (this option is suggested) <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. If yes, is this account checking or savings?	
f. Account #:	Routing #:

**5. CERTIFICATIONS**

As the Applicant and Parent or Guardian to Student under the age of 18 years old, 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. **Application.** I understand that this application starts the process of applying for housing assistance. The purpose of this application is to obtain basic information necessary to begin my assistance if eligible. Once I am determined eligible, an award letter will be sent to me stating how much monthly subsidy I will be given. By signing this application, I am giving permission to The Housing Department to share information needed to provide the assistance with The Pokagon Band Education Department. \_\_\_\_\_
- b. **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, including personal financial information, as part of my admittance to the program. It is my responsibility to provide all documentation and information necessary to support my eligibility and suitability for admission into a housing program including report cards at the end of each semester. 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 a housing program. \_\_\_\_\_
- c. **Eligibility.** I understand that I must meet all criteria set forth by the *Pokagon Band's Policy on Eligibility, Admissions, and Occupancy* for the Student Rental Assistance Program. I must be enrolled in full time in an accredited degree program for a maximum of no longer than 60 months and meet the Housing Department's low income guidelines. I am also aware that I must notify the Pokagon Band Housing Department immediately if there are any changes in income, school, or housing status. \_\_\_\_\_
- d. **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. \_\_\_\_\_



- e. **Abandonment.** I understand that my absence from my rental unit for a period exceeding 60 days without notifying the Pokagon Band Housing Department is considered abandonment from the Student Rental Assistance Program.
- f. **Household Income.** I understand that if I file my own 1040 income tax form, only my income will be considered for verifying eligibility for the program. If the student will be claimed on their parent or guardian’s 1040 income tax form, the entire household income & composition will be considered in verifying eligibility into the program.

a. I, parent or guardian to the student, certify that (please check one)  I will  I will not be claiming this student on my 1040 income tax form.

\_\_\_\_\_  
 Signature of parent/ guardian

- g. **Occupancy Inspection.** The Housing Department will provide the student with a checklist of items for safe living conditions to assist the student in selecting a rental. The Housing Department will assist the student with any questions regarding safety but is not responsible for the selection of the rental by the student.
- h. **Termination of Program Assistance.** The Pokagon Band Housing may not terminate the rental subsidy, during the term of this Program Agreement, except where I am in violation of its terms or conditions, violation of applicable Federal, State , Local law, or there is a lack of program funding. I understand that the Student Rental Assistance Program is funded by the United States Department of Housing and Urban Development (HUD). As such, if funding is reduced or eliminated by the Federal Government may assistance may be reduced or stopped. My assistance may also be terminated if I no longer comply with the terms of this Agreement.
- 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 *The Complaints and Appeals, Policy on Eligibility, Admissions, and Occupancy for Housing Programs*, a copy of which I have received with this 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.

\_\_\_\_\_  
 Applicant Print Name and Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/ Guardian Print Name and Signature (if applicable)

\_\_\_\_\_  
 Date

--