



Mille Lacs Band Housing Rental Program

Thank you for your interest in applying for admission into the Mille Lacs Band Housing Rental program. Please take a few moments to read the following information about the program and the **information you will need to provide with the application** for admittance into the Mille Lacs Band Rental Program and onto the waiting list.

The following is an overview of the Program; currently the Mille Lacs Band Housing Rental Program offers housing rental options in 5 areas within the 3 service Districts of the Mille Lacs Band Housing Department. They are listed below:

- District 1 – Onamia
- District 2 – McGregor
- District 2A – Isle
- District 3A – Lake Lena
- District 3H – Hinckley

The Mille Lacs Band Rental Program offers three options, they are:

1. Elder Rental Units – (55 and older); next available unit goes to oldest applicant
2. Regular Rental Units – minimum income required – see included sheet
3. Low Rent Units – HUD based housing with Federal Requirements and Regulations

During the application intake process, the applicant lease holder(s) will be required to submit to a background check to process the rental application. This background check will be paid for by **you through a Per Capita deduction form**. Enclosed you will find the Tribal Bonus Deduction form to complete. This form authorizes the Housing Department to deduct the cost of the background check from your per capita payment. If the background check has revealed **no background history that would exclude** you from the program, the cost of the background will be **applied to your damage deposit** upon acceptance of a rental unit.

In the event the background check **contains a history that would exclude** you from the Housing Rental program, the Per Capita deduction form will be submitted to OMB to recover the cost of the background check for the housing department.

Mille Lacs Band Housing Rental Program

**REGULAR RENT
MINIMUM MONTHLY GROSS INCOME REQUIREMENTS**

Bedroom Size	Minimum Gross Income
2 Bedroom	\$1,400.00
3 Bedroom	\$1,600.00
4 Bedroom	\$1,900.00
5 Bedroom	\$2,100.00

Mille Lacs Band Housing Rental Program

Please note: the cost of the background check varies. You will be given the receipt to show the cost of your background check.

Enclosed is a Rental Admission Policy – Section II Rejection Criteria listing. This list indicates cause for immediate exclusion from the rental program. Other circumstances can and will be considered as well.

Applicant(s) must be in good standing with Community Development in order to be placed on the Rental Housing List.

In order to fully complete an application for housing, the following documents must be submitted:

- 1. A fully completed Mille lacs Band Housing Application.**
- 2. A fully completed Pre-Tenancy Screening Questionnaire for each adult.**
- 3. A fully completed Disclosure and Release of Information Authorization for each adult.**
- 4. A fully completed Tribal Bonus Deduction Form for each adult.**
- 5. A fully completed OMB Income Verification Request form for each adult.**
- 6. Income verification for each adult:**
 - a. Check stubs from your employer going back at least two months**
 - b. TANF**
 - c. Child support**
 - d. All other sources of income**
- 7. To determine family composition and household size, the required documents will need to be provided;**
 - a. Tribal ID**
 - b. Social Security cards for all members listed on the rental application**
 - c. Birth Certificates for all children listed on the rental application**
 - d. Documentation supporting Legal Custody or Guardianship of listed children**



Rental Admission Policy

Section III Rejection Criteria

A. Arson		
	i. Of Band property	Lifetime Ban
	ii. Other	10 Years
B. Assault on person		
	i. Third degree	2 Years
	ii. Second degree	5 Years
	iii. First degree	7 Years
C. Assault against property		
		1 year OR until damage is paid for
D. Burglary		3 Years
E. Drugs		
	i. Intent to Sell/Distribute	5 Years
	ii. Manufacture of Meth	Banned for Life
	iii. Possession of Controlled Substance	
	1. First through Fifth Degree	3 Years
	2. Importation	3 Years
	3. Misdemeanor Drug Possession	1 Year
F. Eviction or Lease Termination for Drug-Related Criminal Activity		
		5 Years after Eviction
G. False Imprisonment		3 Years
H. Forgery of Checks		1 Year
I. Kidnapping		5 Years
J. Homicide		
	i. First Degree	Lifetime Ban
	ii. Second Degree	Lifetime Ban
	iii. Third Degree Murder	Lifetime Ban
	iv. First Degree Manslaughter	10 Years
	v. Second Degree Manslaughter	5 Years
K. Sex Crimes		
	i. Criminal Sexual Conduct	5 Years
	ii. Registered Sex Offender	Lifetime Ban
L. Theft against the Band		
		1 year OR until amount repaid
M. Gang Member Status		Lifetime Ban
N. Previous eviction for abandonment, non-payment of rent, or damage to rental unit		2 Years



MILLE LACS BAND HOUSING APPLICATION

Which district are you applying for?

- DI - Mille Lacs DII - East Lake DIIA - ISLE
 DIIIH - Hinckley DIIIA - Lake Lena

Is the Applicant a Mille Lacs Band Member? _____ Enrollment # _____

Is the Applicant disabled with Social Security Benefits? Yes No

If you are disabled, do you require a unit that has handicapped access? Yes No

Applicant Full Legal Name **Soc. Sec. No.** **Date of Birth** **Telephone #**

Current Address **City** **State** **Zip Code**

Employer **City** **State** **Telephone#** **Dates Employed**

Occupation **Monthly Income** **How Long Employed?**

Email address to send letters or other communication: _____

Co-Applicant Legal Name **Date of Birth** **Enrollment #**

Co-Applicants Employer **City** **State** **Telephone#** **Dates Employed**

Occupation **Monthly Income** **How Long Employed?**

Legal Name Other Household Member over 18 **Date of Birth** **Enrollment #**

Employer **City** **State** **Telephone#** **Dates Employed**

Occupation **Monthly Income** **How Long Employed?**

*****UPDATE EVERY 6 MONTHS*****

Other Income Information (i.e. AFDC, Social Security, Veterans, Unemployment, Financial Aid)

Recipient Source Name & Address Amount Monthly Date Received

Family Data - all persons that will be moving into the unit attach additional pages if needed):

Name of Family Member Relation to Applicant Date of Birth Age Sex SS#

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

List last 3 years previous housing:

Landlord or Mortgage Company Address Payment Amt. Date of Residency

I certify that the above information is complete and accurate, and give permission to the Mille Lacs Band Housing Department to verify the information I have provided. I understand and agree that if I provide false or misleading information, I may be disqualified from the Mille Lacs Band Housing Department program(s).

Applicant Signature Date

Co-Applicant Signature Date

*****UPDATE EVERY 6 MONTHS*****

Pre-Tenancy Screening Questionnaire

Please answer all questions. Failure to answer any questions or incomplete information on this form is grounds for immediate termination or disqualification for this program.

PLEASE PRINT LEGIBLY

- 1) Legal Name: _____
First Middle Last
- 2) Date of Birth: ____/____/____ 3) Social Security Number: ____-____-____
- 4) Do you have a valid Drivers License? Yes No State _____ Number _____
- 5) Please list all addresses of residence/employment for the past seven years:

Current Home Address	Street	Apt	City	County	State	Zip
Current Employer's Address:	Street	Apt	City	County	State	Zip
Past Employment/Home Address	Street	Apt	City	County	State	Zip
Past Employment/Home Address	Street	Apt	City	County	State	Zip
Past Employment/Home Address	Street	Apt	City	County	State	Zip

If you have additional residential or employment addresses for the past seven years, please attach an additional sheet.

- 6) Please list the highest education level attained to date:

Academic Institution	City	State	Dates Attended	Degree Attained
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- 7) Have you used any other names in the past seven years? Yes No

Name Used	Dates Used	City	State

- 8) Have you ever been convicted or been given a suspended sentence, placed on probation, or been imprisoned because of ANY violation of the law? If so fill in below. Do not list minor violations or juvenile offenses. If more space is needed use a separate piece of paper.

The above information is true and correct to the best of my knowledge. By signing below, I give Mille Lacs Band of Ojibwe, The McDowell Agency, Inc. and their Agents permission to perform an investigation into my background. If chosen, this authorization is valid for the duration of my residency.

Signed

Dated

Consumer Report/Investigative Consumer Report Disclosure and Release of Information Authorization

I authorize Mille Lacs Band of Ojibwe and The McDowell Agency, Inc., a consumer-reporting agency, to retrieve information from all personnel, education institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state, or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required, and I should direct my request to: The McDowell Agency, Inc., 1714 University Avenue West, St. Paul, MN 55104. Phone 1-877-644-3880/651-644-3880.

If currently employed: My current employer may be contacted.
_____ YES _____ NO _____ N/A _____ Post Hire Only _____ Applicant's Initials

Is employment/prospective employment in California? _____ YES _____ NO
If you are applying for employment in the State of California, please note that a new *Disclosure and Release of Information Authorization* is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota, or Oklahoma? _____ YES _____ NO
If so, would you like a copy of any Consumer Report prepared on you? _____ YES _____ NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and if that employed by the above-named company (except if employed in the State of California), this authorization will remain in effect throughout such employment.*

Signature

_____/_____/_____
Date

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. PLEASE PRINT CLEARLY.

_____ Last Name	_____ First Name	_____ Middle Name	
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Driver's License Number	_____ State of License	_____ Expires on	_____ Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other NAMES under which you received your GED, high school diploma, or other degrees.

(PLEASE REMOVE AND SHRED THIS PORTION OF THE FORM AFTER REQUEST HAS BEEN ENTERED)

Social Security Number



COMMUNITY DEVELOPMENT DIVISION

TRIBAL BONUS DEDUCTION

By signing below, I, _____ hereby grant my permission to **Mille Lacs Band of Ojibwe** to deduct the amount of \$_____ from my tribal bonus to be applied towards payment on a background check for my housing rental application I owe to Mille Lacs Band Housing Department. I understand that the cost of this background check may be as high as \$250.00. The monthly deduction, regardless of total, will not exceed \$25.00.

I hereby acknowledge the following:

1. That if my background check is acceptable I will be added to the Housing Waiting List. This fee will be retained by Housing and credited toward my security deposit when I do move into a rental unit. If I choose not to accept a rental unit, this fee will be forfeited to pay the cost of the background check fee.
2. That if my background check is NOT acceptable, this fee will be used to pay the cost of the background check and I will not be added to the Housing Waiting List.

I understand that this deduction may exceed the 70% cap placed on bonus deductions and choose this deduction anyway. This deduction is not revocable until this debt has been paid in full. This is a voluntary action and not a garnishment.
I understand:

Dated this _____ day of _____, 20_____.

Signature of Band Member

Social Security #

Tribal ID #

OFFICE OF MANAGEMENT AND BUDGET

INCOME VERIFICATION REQUEST

I, _____ am requesting a printout of my

Per Capita / Payroll (circle one) income for the time frame (dates) 3 months to

_____. I would like this report to be sent to Housing or

~~I will pick it up.~~

I understand that OMB has 3 (three) business days to produce this information for me.

Enrollment # or Employee #

Signature **Date**