Mille Lacs Band of Ojibwe Housing Department Emergency Loan Program

The Housing Emergency Assistance Loan Program is for Mille Lacs Band members who have encountered an emergency that was unforeseen and beyond their control. If the emergency has caused the band member to fall behind in basic living needs they are eligible to apply for a no-interest emergency loan.

Applicant must be an enrolled Mille Lacs Band of Ojibwe Band member

Non-enrolled parent(s) or legal guardian(s) of band member children are not eligible for this program.

- Maximum loan amount is \$1,200.00.
- Applicant may be required to provide a copy of their Mille Lacs Tribal Identification card or picture ID.
- Applicant must not have any unpaid loan with the Housing Emergency Loan Program. All outstanding loans must be paid in full before a new application can be processed.
- Applicant must be in good standing with Community Development including, but not limited to, loan payments, rental payments, work order payments, and solid waste payments.
- Applicants must have sufficient funds from per capita or payroll to make repayments under this program or assistance cannot be given. Loan payment amounts are listed on page 3.
- If a loan is approved, all checks are issued directly to the person or entity you owe the money to.
- Emergency loans are only issued so long as we have sufficient funding.

Applicants must complete and sign every page of this Housing Emergency Loan Program Application. This first page of the Housing Department Emergency Loan Program outlines the policy and shall be posted in all three districts as well as the Urban Office.

Emergency Program Allowed Uses (evidence of amount due is to be submitted with this Application):

Rent/Deposit:

- Applicant may apply for a loan for payment of rent and/or deposit.
- If rent is past due, the applicant must submit a copy of their notice of eviction or past due notice from the landlord.
- If the request is for a new lease, applicant must submit a copy of their proposed lease agreement or other official landlord statement.
- A family member does not qualify as an official landlord.

Utility Assistance:

- For payment of electric or gas bills, submit a copy of the current invoice or shut-off notice.
- Applicants are encouraged to apply for State Energy Assistance first before applying for this loan.

Other Covered Assistance:

- Homeowners insurance submit current bill.
- Real estate taxes submit tax statement from the county.
- Emergency housing repairs submit written justification and bid/invoice from contractor/provider of service.

Services Not Covered:

Court fines, bail, bonds, routine medical appointments, and any other non-housing related expenses

Contact Numbers:

Phone - 320-532-7861 (or 1-800-709-6445, extension 7861) Fax - 320-532-4192



Mille Lacs Band of Ojibwe Housing Department Emergency Loan Program Application

Applicant Name:	Birth Date:		
Band ID#: 410B	Social Security Number:		
Address:			
City:	State:	Zip:	
Telephone #:			
Please explain your Emerge	ncy leading to your current need of emer	gency assistance:	
() Point	/ \ Floateia / \ Duana	do Torro	
() Rent	() Electric () Property Taxes		
() Deposit () Other:	() Gas/Fuel () Homeo	owner Insurance	
Vendor Name/Address	Account #	Amount Requested	
documentation to obtain a loa	nation above is correct, I have followed all dir in. I agree to pay back the loan as stated in t ding that misuse is a punishable offense unde	he Promise to Pay and not to misuse this	
Signature	Date Signed		
OFFICE USE ONLY:	Date Receiv	ved:	
Approved By:	Amount Approved:		
Danied By:	Passon Danied		



Loan Payment Schedule:

Loan Amount	Monthly Payment
Up to \$499.99	\$100.00
\$500.00 through \$999.99	\$150.00
\$1,000.00 through \$1,200.00	\$200.00

Select your I	Method of Payn	nent for this loan by initialing next to your choice:
	Tribal Bonus.	Indicate how often you receive your bonus:
	()	Monthly
	()	Bi-Monthly
	()	Tri-Monthly
	()	Quarterly
	Payroll Dedu	ction. Indicate which Band-owned entity you work for:
	()	Mille Lacs Band of Ojibwe
	()	Grand Casino Hinckley
	()	Grand Casino Mille Lacs
	()	Corporate Commission
Signature		Date Signed

PROMISE TO PAY

In return for the Housing Department emergency loan tha	
(this is the TOTAL amount you are MILLE LACS BAND OF OJIBWE HOUSING DEPARTMENT.	<mark>re requesting,)</mark> to the order of the Lender. The Lender is the
· · · · · · · · · · · · · · · · · · ·	aid in full. Payments are based upon the payment schedule and tion. Initial next to each paragraph indicating you acknowledge
If my Method of Repayment is by paymen the 70% cap placed on bonus deductions a	t from Tribal Bonus, <u>I understand that this deduction may exceed</u> and still choose this deduction.
	t from payroll, I hereby grant permission to Borrower's employer ount necessary to make the required monthly payment
	if I quit my job or if I am fired, the Lender may take up to 100% of vacation payout checks not yet received by me without first
any bonus or per capita payment given by	if I quit my job or if I am fired, the Lender may take up to 100% of the Lender without first going to court. Borrower hereby gives and apply such sums to any amount due and owing under this
I understand that my payroll deduction or has been paid in full.	tribal bonus deduction payment is not revocable until this Note
This Note contains the entire agreement between the Len except through a written document signed by Lender and	der and the Borrower, and may not be changed or modified Borrower.
Ojibwe and shall be heard in the Court of Central Jurisdict	nis Note, shall be governed by the laws of the Mille Lacs Band of ion for the Mille Lacs Band of Ojibwe. Any term of this Note that term of this Note is found to be ineffective, that term shall be
No provision of this Note shall constitute a waiver of Lend	er's sovereign immunity.
This is a legal document and obligates the Borrower to do Borrower indicates that he or she has read the agreement the legal effect of this Promise to pay, you are advised to	nt and understands it contents. If you have any questions about
Borrower Signature	Social Security Number
Date Signed	