



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 4 options, they are:

1. Elder Rental Units – age based (55 and older)
2. Regular Rental Units – minimum income required – **see** included sheet
3. Low Rent Units – HUD based housing with Federal Requirements and Regulations
4. Transitional Housing Units – is a 2 year program that requires the resident to work with a case manager and all appropriate band services and programs to develop a case plan for success.

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.

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



**Mille Lacs Band of Ojibwe
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

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:

[illegible]

- 7) Have you used any other names in the past seven years? Yes ☐ No ☐

<i>Name Used</i>	<i>Dates Used</i>	<i>City</i>	<i>State</i>
<i>Name Used</i>	<i>Dates Used</i>	<i>City</i>	<i>State</i>

- 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
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 _____, 2017.

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) _____ to

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



MILLE LACS BAND HOUSING APPLICATION

District Applying for: _____ Are you a Mille Lacs Band Member? _____ Enrollment # _____

Full Legal Name Soc. Sec. No. Date of Birth Telephone # Texting: Yes or NO

Current Address City State Zip Code OWN or RENT

Employer City State Telephone# Date Employed

Occupation Income Per Month How Long Employed?

Co- Applicant Legal Name Date of birth

Co-Applicants Employer City State Telephone# Dates Employed

Co-Applicant Occupation Income Per Month How Long Employed?

Email Address available to send letters (Offer letter)

Other Income Information (i.e. AFDC, Social Security, Veterans, Unemployment, Financial Aid)
Recipient Source Name & Address Amount Monthly Date Received

Present Housing Size Type General Condition

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

FAMILY DATA (All family that will be moving into Unit) All information is needed to be complete

Name of Family Member	Relation to Family Head	Date of Birth	Age	Sex	SS# or Copy of cards
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Would you be willing to move to a housing project in your community, if you were to receive a rental unit?

Yes ☐

No ☐

Own or Rent	List last 3 years previous housing:	Dates of Residency	
	Name & Address of Mortgage Holder or Landlord	Payment Amt.	How Long

Are you liable for Alimony, Child Support or Maintenance payments? If yes, amount per month:

Have you ever filed for bankruptcy, Chapter VII or received the assistance of another person or Organization in handling your debts.? If yes, give dates location & explain:

Have you ever obtained credit in another name?
Business reference:

If yes, give name(s):

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