

**White Earth Reservation Tribal Council
Homeless Program Application
P.O. Box 7
Ponsford, MN 56575
Phone (218) 573-3031 Fax (218) 573-3022**

PERSONAL INFORMATION

Applicant: _____ Maiden, Alias _____
 First Last
 Address: _____ S.S.N # _____ D.O.B _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____

Race (circle 1)

- Black -American Indian -American Indian/Alaskan Native & Black -Black/African American & White
- White -Alaskan Native -Native Hawaiian -Other Multi-Racial -Asian
- American Indian/Alaskan Native & White -Pacific Islander -Asian & White
- Other

Ethnicity: Hispanic/Latino

ADDITIONAL HOUSEHOLD MEMBERS

First Name	Last Name	MI	Date of Birth	Age	Sex	Grade	Social Security #

Household type (circle 1)

- Couple with No Children -Female Single Parent -Foster Parent -Grandparent(s) & Child
- Two Parent Family -Male Single Parent -Non-Custodial Caregiver -Other _____

Head of Household? Yes No

Relationship to Head of Household (circle 1)

- Self -Wife -Husband -Daughter -Mother
- Father -Step-daughter -Son -Grandson -Granddaughter
- Step-son Grandfather -Other non-relative -Significant Other -Unknown

Household Member presently attending School? Yes No

If Yes, Name, School Name and Start Date:

If Child Enrolled, type of school: Public School Parochial or other private school

If No, Date Last Enrolled in School: ____/____/____

Health and wellness:

Health Condition Compared to People of Your Age? (circle 1)

Excellent Very good Fair Poor Don't Know

Pregnant? Yes No

If Yes, Projected Birth Date: ____/____/____

CRIMINAL HISTORY

Table with 5 rows and 2 columns (Yes/No) for various criminal history questions.

If you answered yes to any question in this section, please explain.

HOUSING INFORMATION

Living Situation Last Night (circle 1)

- Corrections Facility, Detox, Domestic Violence Situation, Mental Health Facility, Substance Abuse Treatment Center, Hotel/Motel, Living with Family, Living with Friends, Subsidized Housing, Other/Unknown, On the Street, Owns Home, Rental House/Apartment, Hospital, Substandard Housing, Transitional Housing, Emergency Shelter, Nursing Home

Extent of Homelessness (Long-term by definition) (circle 1)

Not currently homeless 1st time homeless less than 1 yr. without a home 2nd or 3rd time homeless in the past 3 years
Long term: At least 1 year OR at least 4 times in the past 3 years.

Employment status: (circle 1)

Unemployed? Yes No

If No, (Employed) Hours Worked Last Week? _____ hrs.

If Yes, Looking for Work? Yes No

(If Employed), Select Tenure:

Start Date: _____/_____/_____

Permanent Temporary Seasonal

Income

Please answer yes or no to the following and if yes, provide the information needed. Do you or any family member have income from: (all boxes need to be checked)

Applicant

1	Social Security/SSI/Disability	Yes	No
2	Pension/Annuity	Yes	No
3	Veteran's Benefits	Yes	No
4	Unemployment	Yes	No
5	Workman's Comp	Yes	No
6	MFIP/Public/General Assistance	Yes	No
7	Employment	Yes	No
8	Employed by someone who pays you cash	Yes	No
9	Spousal Maintenance	Yes	No
10	Child Support	Yes	No
11	Court Ordered Child Support and/or Spousal Maintenance	Yes	No
12	Military Pay	Yes	No
13	Self Employment	Yes	No
14	Contributions from family/friends	Yes	No
15	Income from assets	Yes	No
16	Other income	Yes	No
17	Grants or scholarships	Yes	No

Co-Applicant

1	Social Security/SSI/Disability	Yes	No
2	Pension/Annuity	Yes	No
3	Veteran's Benefits	Yes	No
4	Unemployment	Yes	No
5	Workman's Comp	Yes	No
6	MFIP/Public/General Assistance	Yes	No
7	Employment	Yes	No
8	Employed by someone who pays you cash	Yes	No
9	Spousal Maintenance	Yes	No
10	Child Support	Yes	No
11	Court Ordered Child Support and/or Spousal Maintenance	Yes	No
12	Military Pay	Yes	No
13	Self Employment	Yes	No
14	Contributions from family/friends	Yes	No
15	Income from assets	Yes	No
16	Other income	Yes	No
17	Grants or scholarships	Yes	No

List all "YES" Checked items below. Complete mailing address is requested.

Number from Above	Household Member	Name of company, financial institution, or source	Mailing address and telephone number of company, financial institution or source	Avg. hours/week & rate of pay or gross monthly amount

Have you given or sold any property for less than fair market value in the past two (2) years? Yes No
 If yes explain _____

PERSONAL REFERENCES that have known the household for at least three years (*Other than family members and landlord references*) or a referral from a Social Service Agency

Name	Complete mailing address	Phone Number
1)		
2)	_____	

EMERGENCY CONTACT – Names of persons to contact if we are unable to reach you or in the case of an emergency:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
Relationship to household: _____	Relationship to household: _____
Phone: _____	Phone: _____

Applicant please note:

Filing of this application does not obligate the applicant in any way. Neither does it obligate Dream Catcher Homes LP to commit to or guarantee the applicant a rental unit at the complex. The determination to rent to the applicant will be made on the basis of the applicant's eligibility, housing and criminal history, and the availability of an appropriate sized unit in accordance with the Tenant Selection Criteria.

Dream Catcher Homes LP will confirm receipt of this application. Upon receipt of a complete application, your name will be added to our waiting list for this complex. If we have received an incomplete application, it will be returned to you for completion. You must return the completed application in order to remain on the waiting list. No further contact will be made until your name comes to the top of the list and a vacancy occurs that meets your needs. In order to keep our records up to date; please notify us of any change of address or phone number. When your are contacted regarding a vacancy it will be necessary to verify your income and assets. You will be sent the necessary forms and instructions at that time.

I/We certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or wrong information is punishable by law and will lead to cancellation of the application or termination of tenancy after occupancy.

I/We do hereby authorize D.W. Jones Management, Inc. and their staff or authorized representatives to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in the property managed by D.W. Jones Management, Inc.

Applicant(s) certify that the unit applied for will be the applicant(s) permanent household address and the applicant(s) will not maintain a separate subsidized rental unit in a different location.

Signature _____	Date: _____
Applicant	
Signature _____	Date: _____
Co-Applicant	