



Housing Department
 1743 142nd Ave.
 PO Box 218
 Dorr MI 49323
 (616) 681-9510

College Housing Application

A. Applicant Information

Name				
	Last	First	Int.	Maiden
Current Address				
City		Zip	Phone	() -
DOB	/ /	SSN	- -	Roll # -
Marital Status <small>Please check one</small>		Single	Married	Widowed
				Other

B. Rental Information

What school or trade school will the student be attending?					
School Name				City	
Address of rental property					
City		Zip		Number of bedrooms	
What type of rental property <small>(Please check one)</small>		Dormitory		Apartment	
		Town House		House	
					Condominium
					Other <small>(Explain)</small>
How many roommates will occupy the rental property?					
Location of property (Please give address & detailed directions to residence).					
			<div style="display: flex; justify-content: center; align-items: center; height: 100px;"> <div style="border-right: 1px solid black; border-bottom: 1px solid black; width: 50%; height: 50%;"></div> <div style="border-right: 1px solid black; border-bottom: 1px solid black; width: 50%; height: 50%;"></div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> N ↑ </div>		



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C. Family Information:

List all family members living within the household on a permanent basis.

Name	DOB	SSN	Relation	Tribal Roll #
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-

D. Applicant Certifications

(Read this certification carefully before you sign and date your application. All applications must be signed in ink)

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: _____ Date _____

Spouse's Signature (if applicable) _____ Date _____



MATCH-E-BE-NASH-SHE-WISH

Band of Pottawatomki Indians

Gun Lake Tribe

Housing Department

1743 142nd Ave. P.O. Box 218 Dorr, MI 49323

Telephone: (616) 681-9510 Fax: (616) 681-9520

www.mbpi.org

Dear Applicant,

Before you submit your request for College Housing Assistance, I suggest that you review the following checklist to be sure that you have submitted copies of all necessary documents. This will help ensure consideration as a complete application.

- College Housing application.
- The most current check stub(s) for all family members within household.
- The most current tax returns/W2's for all family members within the household.
- Social Security cards for all family members within the household.
- All other applicable forms of income for all family members within the household, which may include but is not limited to, child support, unemployment, social security or pension benefits.
- Voluntary Release of Information form.
- Inspection Agreement Contract.
- Authorization for Specific Confidential Communications form.
- Rental agreement/lease.
- Last report card and a current schedule.
- Curriculum set out by the school with the projected course schedule.

Sincerely,

Melissa Brown

Melissa Brown
Housing Director



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Dear Applicant,

The Education and Housing Department have partnered in an effort to make communication between you the student and the Tribal programs easier. The two departments have created a release form that allows the sharing of documents and information as it relates to eligibility in either program. This was done to allow communication between departments and to alleviate the need to send duplicate documentation when applying for services. The release will require your signature before any information can be shared. If you choose to sign the form a stamped return envelope has been included for you convenience.

Sincerely,

Melissa Brown

Melissa Brown
Housing Director

VOLUNTARY RELEASE OF INFORMATION

I, _____ agree to let the Housing Department and the Higher
Print Your Name

Education Department share information regarding my status as a full time student and grades as
it pertains to my application or continued eligibility for either program.

Student's Signature

Date

INSPECTION AGREEMENT

I, _____, agree that in the event of my absence or extreme tardiness for a
Print Your Name

scheduled inspection, I will be duly responsible for payment of the inspection fee and travel cost, if applicable. Furthermore, I understand that no future progress will be made with my application until payment has been made in its entirety.

Applicant Signature

Date



Authorization For Specific Confidential Communications

Your housing information is confidential. In order to discuss or answer questions about your housing assistance with anyone, such as your spouse/significant other, adult child, etc., the Gun Lake Tribe Housing Department needs your permission. If you choose, you may indicate that you do not want us to discuss your housing information with anyone by writing “**NONE**” on one of the lines below and signing this form. Otherwise, please list the name(s) of the individuals you authorize the Gun Lake Tribe Housing Department to release information to.

I authorize the Gun Lake Tribe Housing Department to disclose the following confidential housing information to:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

This authorization shall be in force and effect and does not expire until it is revoked in writing. I understand that I have the right to revoke this authorization in writing at any time by sending such written notification to: Gun Lake Tribe Housing Department, P.O. Box 218, Dorr, MI 49323.

Applicant's Signature

Date