



# MATCH-E-BE-NASH-SHE-WISH

Band of Pottawatomis Indians

*Gun Lake Tribe*

Housing Department

1743 142<sup>nd</sup> Ave. P.O. Box 218 Dorr, MI 49323

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

[www.mbpi.org](http://www.mbpi.org)

Dear Applicant,

Thank you for your interest in the Rental Assistance Program. Enclosed with this letter is an application packet. I look forward to working with you and potentially assisting you through the Rental Program. The Housing Department realized that our membership encompassed a cross section of rent burdened individuals and families. This program was developed to assist those individuals and families.

The program is meant to be of temporary assistance until you are able to gather all resources to succeed independently. The Housing Department felt the best way to assist you would be to put you in touch with all Tribal resources available to you. Through the program you will be required to participate and in some cases apply for assistance from all applicable programs including; Health and Human Services, energy assistance, vocational training, resource planning and commodities among other programs as applicable.

Please be advised that your application will not be considered complete until all program requirements have been met. I will do my part to move the process along but your schedule and ability to complete program requirements will play into the timing of the release of funds.

Feel free to call me with any questions or concerns at 616/681-9510 or via email at [mgbrown@mbpi.org](mailto:mgbrown@mbpi.org).

Sincerely,

*Melissa Brown*

Melissa Brown  
Housing Director



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

## Rental Assistance Application

### A. Applicant Information

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

### B. Rental Information

Address of rental property				
City		Zip		Number of bedrooms
<b>What type of rental property</b> (Please check one)	Apartment		Condominium	Other (Explain)
	Town House		House	
How many people will occupy the rental property?				
Location of property (Please give address & detailed directions to residence).				
		Please write major cross streets and indicate location of home.		



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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 \_\_\_\_\_



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Dear Applicant,

Before you submit your request for Rental 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.

- Rental Assistance application.
- The most current income check stub(s) for all family members within the 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.

Sincerely,

*Melissa Brown*

Melissa Brown  
Housing Director



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Dear Applicant,

The Housing Department has partnered with the Health & Human Services Department and the Member Services Department in an effort to best serve you in the Rental Assistance Program. The three (3) departments have created a release form that allows the sharing of documents and information as it pertains to eligibility and service within the provided programs. This was done to allow for better communication between departments and to alleviate the need to send duplicate documentation when applying for services. Please rest assured that all information will only be release on a need-to-know basis.

The Voluntary Release of Information form will require your signature of approval before any information can be shared. Please note that a signed release form is required to partake in the Rental Assistance Program. A self-addressed, stamped envelope has been enclosed for you convenience.

Sincerely,

*Melissa Brown*

Melissa Brown  
Housing Director

Enclosure

**VOLUNTARY RELEASE OF INFORMATION**

I, \_\_\_\_\_, agree to allow the Gun Lake Tribe’s Housing Department, Health &  
Print Your Name

Human Services Department, and/or Member Services Department to share information regarding my status with any program connected to the Gun Lake Tribal Rental Assistance Program, including but not limited to my application for any tribal benefits or continuing service and eligibility standards. I understand that my information will only be released on a need-to-know basis.

\_\_\_\_\_  
Applicant 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: \_\_\_\_\_

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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.

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Applicant's Signature

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Date