

Sault Ste. Marie Tribe of Chippewa Indians

DeMawating Development Rental Application

Equal Opportunity Housing

42 Wood Lake

Kincheloe, MI 49788

Phone: (906) 495-2800

Fax: (906) 495-7346

	Applicant	Co-Applicant
Name:	_____	_____
Address:	_____	_____
City:	_____	_____
State:	_____	_____
Zip:	_____	_____
Phone #:	_____	_____
License #:	_____	_____
Date of Birth:	_____	_____
S.S. #:	_____	_____

Person(s) who will reside in the unit **(please include applicant)**

Name	Relationship to Applicant	Date of Birth	Social Sec. #	Tribal Membership	Tribal Roll #

Present Landlord Name: _____ Phone #: _____

How long have you lived at your current address? _____

How soon do you need to move? _____ Number of bedrooms: _____

Have you ever broken a lease or been evicted from any type of housing? ____ If yes, please explain: _____

Do you have any pets? _____ If yes, which type(s)? _____

Emergency Contact:

THIS SECTION IS MANDATORY TO COMPLETE APPLICATION PROCESS (Completion of this section does not relieve the applicant of the obligation to provide a forwarding address to the landlord as required).

PLEASE NOTE: This Emergency Contact shall be used for emergency purposes. Should applicant fail to provide a forwarding address to the landlord as required, the emergency contact information provided may be used to help ascertain the applicant's whereabouts and/or to attempt correspondence with the applicant.

Emergency Contact Information:

Name of person not residing with you: _____
Address: _____
City, State, Zip: _____
Phone: _____
Relationship: _____

Income Information:

	Applicant	Co-Applicant
Employer		
Immediate Supervisor		
Address/Phone No.		
Years Employed		
Position		
Monthly Salary		
Other Income		
Income Source		
Total Monthly Income		

E-Mail Address	
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May we contact you at this E-Mail address? _____

Reference (past landlord references if available):

Name	Phone Number	Address	Relationship

Have you or anyone in your household ever been convicted of any crime other than traffic

violations? _____ Yes _____ No

If yes, please explain: _____

How did you hear about DeMawating Development? _____ Newspaper _____ Friend _____ Family _____ Work _____ Employee Newsletter Other _____

I (We) swear the above information is full, true and complete to the best of my (our) knowledge.

I (We) have no objections to inquiries being made for the purpose of verifying the statements made herein.

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____

Other items required to complete application:

- **Pictured ID or Drivers License**
- **Proof of Income**
- **Social Security Cards**
- **Tribal Cards (if applicable)**

RELEASE OF INFORMATION AGREEMENT

PERSONAL INFORMATION

Applicant:

Name: _____ Maiden: _____

Date of Birth: _____ Phone Number: _____

Social Security Number: _____ Drivers License Number _____

Address: _____

City: _____ State: _____

Co-Applicant:

Name: _____ Maiden: _____

Date of Birth: _____ Phone Number: _____

Social Security Number: _____ Drivers License Number _____

Address: _____

City: _____ State: _____

I hereby authorize confidential information to be released between the agencies listed in this agreement. Further, I hereby authorize confidential information to be released to the Emergency Contact person set forth in the application in the event of an emergency and/or if necessary to forward any and all mail to said person if applicant fails to provide landlord with a forwarding address as required.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

Agencies Releasing Information to Each Other

DeMawating Development
Sault Tribe Real Estate
Sault Ste. Marie Tribe of Chippewa Indians
42 Woodlake Drive
Kincheloe, MI 49788
Health and Welfare Agencies
Utility Companies
Law Enforcement Agencies
Credit Providers
Current and Previous Employers

Previous Landlords
Banks
Schools and Colleges
Support and Alimony Providers
Child Care Providers
Retirement System
Courts and Post Office
Social Security Administration
Credit Bureaus

Privacy Act Notice. Authority: the Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq., as amended), Title VI of the Civil Rights Act of 1964 (42 U.S.C.2000d, as amended) and by the Fair Housing Act (42 U.S.C.3601.19, as amended). The Housing and Community Development Act of 1987 (42 U.S.C. 3543, as amended) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay towards rent and utilities. Other uses HUD uses your family income and other information to assist in managing and monitoring HUD-assisted programs. To protect the government financial interest, and to verify accuracy of the information you provide, this information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigator and prosecutors. However, the information will not be otherwise discussed or released outside of HUD, excepted as permitted and required by law. Penalty: You may provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.