



Fond du Lac Housing Division

Dear Applicant,

IF YOU ARE HOMELESS, YOU MUST PROVIDE US WITH A MAILING ADDRESS TO SEND CORRESPONDENCE LETTERS. FAILURE TO DO SO WILL RESULT IN A DENIAL OF YOUR APPLICATION.

FAILURE TO COMPLETELY FILL OUT THE APPLICATION WILL RESULT IN YOUR APPLICATION BEING ENTERED AS **INCOMPLETE; THE APPLICATION DATE WILL NOT BE PROCESSED UNTIL ALL OF THE INFORMATION LISTED BELOW IS RECEIVED AT THE FDL HOUSING DIVISION OFFICE.**

Here is a checklist to help you fill out your housing application as well as a guide for the information that is required in order for your application to be processed with little delay as possible.

CHECKLIST FOR HOUSING APPLICATION

Upper left-hand corner of the application:

- Select Program type & bedroom size

Family Composition portion (who will occupy the unit)

- Fill it out completely Social Security numbers as well

Personal References (2)

- Names and phone numbers

Initial in the Box (3) that you understand all statements

- Read the statements carefully
- Sign and date the application (Spouse/Other Adult Occupant as well)

Applicant Responsibilities

- Read completely, sign and date

Federal Income Tax form

- Fill out completely if it pertains to you

Consent form (Release of Information) for Income

- Head of Household, sign and date & include Social Security number
- All other occupants (18 yrs. and older) listed on the application sign & date

Certificate of Enrollment

- Please sign and date and fill out the bottom portion but DO NOT sign this page at the bottom

Consent to Criminal History Investigation

- Date
- Print Legal Name
- Aliases
- Date of Birth
- Signature
- All adults listed on the application and Family Composition are required to have a Criminal History Investigation

Documentation for Housing Application

- **Social Security numbers for ALL family members (children included) will be verified with the actual SS card**
- **Birth Certificates for all children/verification of custody of all dependents; certified copy of court order/notarized statement of placement of the child**
- **Proof of Tribal Affiliation (Tribal identification card), State identification card, proof of residency for all listed on the application**
- **Income verification**
 - 1. Pay stubs, SSI, Social Security or Disability award letters**
 - 2. Copies of tax returns (if you do not have one please fill out the Federal Income Tax form in the application)**

If you have any questions or need further assistance, please contact our office at 218-878-8050.

Thank you.

Fond du Lac Housing Division

Tribes with large reservations or those that encompass more than one county may have more than one income limit. To reduce administrative burden, the Tribe or Tribally Designated Housing Entity (TDHE) may set income limits for multi-county reservations at the income limit level of the county with the highest income limits.

If the MFI limit for a county located within your Indian area is lower than the United States MFI limit, you must use the U.S. MFI limit. The U.S. MFI for FY 2023 is \$96,200. Therefore, the adjusted income limits broken out by family size and 80 and 100 percent (80/100%) of MFI are shown below.

2023 Median Family Income \$96,200

% Median Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$53,850	\$61,550	\$69,250	\$ 77,000	\$ 83,100	\$ 89,250	\$ 95,450	\$101,600
100%	\$67,350	\$77,000	\$86,600	\$ 96,200	\$103,900	\$111,600	\$119,300	\$127,000

2023 MFI Limits for Families with More Than Eight Members

MFI Limits for families of various sizes are determined by the following percentage relationship with the 4-person family size as the “Base” determinant.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
70%	80%	90%	BASE	108%	116%	124%	132%

To calculate the MFI Limits for families with more than eight members, use the four-person income limit as the base amount. Multiply the base amount by increments of eight percent (8 %), increasing for each additional person as shown in the following table.

9 Person	10 Persons	11 Persons	12 Persons	13 Persons	14 Persons	15 Persons	16 Persons
140%	148%	156%	164%	172%	180%	188%	196%

For example, to calculate the 10-person, 80 percent 2023 U.S. MFI limit, first find that for 4-persons. The 4-person, 80 percent 2023 U.S. MFI limit is equal to \$77,000. Next, multiply this “Base” amount by 148% since we are extrapolating it to a 10-person household. One-hundred and forty-eight percent is equal to 148/100, which is equal to 1.48. The result is \$77,000 x 1.48 = \$113,960. Rounding to the nearest \$50, as is ONAP’s policy, results in the 10-person, 80 percent 2022 U.S. MFI limit being \$113,950.

2023 Alaska MFI Limits

Due to prevailing levels of construction costs, Tribes or TDHEs located within Alaska, but outside of the service areas that are listed below should use the Alaska MFI to determine income eligibility of families applying for assistance under the Native American and Housing Assistance and Self-Determination Act of 1996 programs.

Date _____
Time _____
Update? _____
Staff Receiving _____

FOND DU LAC HOUSING DIVISION
APPLICATION FOR ADMISSION

Program Type

Rental _____
Elderly _____
Homeowner _____
Bdrm. Size _____

Name: _____ SSN: _____

(First, Middle, Last)

Mailing Address: _____

City, State, Zip Code: _____

Physical Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____

FDL Enrolled: YES NO (Please Circle) Enrollment Number: _____

Present Landlord: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Monthly Rent: \$ _____ Utilities Included: _____ Bdrm Size: _____

Past Landlord References: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Have you ever been evicted? YES NO If so why? _____

Have you ever been a FDL Housing Tenant? Yes No If so when ? _____

EMPLOYMENT/INCOME

INCLUDE PROOF OF INCOME WHEN SUBMITTING APPLICATION

Employer: _____ Phone: _____

Business Address: _____

City, State, Zip Code: _____

Position: _____ Temp/Perm: _____ Length of Employment _____

Are wages paid **Weekly** **Bi-weekly** **Monthly** (Please circle one)

Gross Monthly Amount Received \$ _____

IF OTHER MEMBERS ARE EMPLOYED:

Name: _____ Relationship to Head of Household: _____

Employer: _____ Phone: _____

Business Address: _____

City, State, Zip Code: _____

Are wages paid **Weekly** **Bi-weekly** **Monthly** (Please circle one)

Gross Monthly Amount Received \$ _____

OTHER SOURCES OF INCOME AND AMOUNTS: (Including Child Support, SSI, Social Security, MFIP, VA, Unemployment) **INCLUDE PROOF OF INCOME WHEN SUBMITTING APPLICATION.**

Please note: PER CAP is not considered income.

Name of Recipient	Source	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If selected for a home which area would you prefer? Please number in order of preference. *Not a guaranteed placement.*

Cloquet _____ Sawyer _____ Brookston _____

FAMILY COMPOSITION

Information on those who will occupy the unit

Staff Initials verifying SS #s

NAME	RELATION TO HEAD	DATE OF BIRTH	AGE	GENDER	SOCIAL SECURITY NUMBER

Use additional pages if necessary

Do you anticipate any changes in the family composition? _____

If yes, please explain: _____

Do you or anyone in your family have an outstanding utility bill? _____

If yes, name of the utility company: _____

REFERENCES

List two (2) personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

What type of housing are you currently living in? CHECK ONE

- | | |
|---|--|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Relative home |
| <input type="checkbox"/> Rental trailer | <input type="checkbox"/> Rent apartment |
| <input type="checkbox"/> Rent home | <input type="checkbox"/> Without housing |
| <input type="checkbox"/> Institution | <input type="checkbox"/> Family home |
| <input type="checkbox"/> Other | |

Please explain: _____

Is your family? YES NO

- Living in overcrowded conditions? How many people per bedroom? _____
- Paying rent in excess of **50%** of your income? **25%** or more? (**Circle one**)
- Recently displaced by public action as condemned housing?
- Being displaced by private action beyond your control?
- Without plumbing or heating?

Any pets? _____ What kind? _____

Military Service _____ Date of Service _____

Have you been convicted of one or more of the following offenses?

1. Sale of Drugs _____
2. Distribution of Drugs _____
3. Possession of Drugs _____
4. Violent Crimes _____

If so, please answer the following.

1. Date of Conviction _____
2. Nature of Conviction _____
3. Court of Sentence _____
4. Current status of file, is it still open? _____

PLEASE INITIAL IN THE BOX THAT YOU HAVE READ AND UNDERSTAND ALL STATEMENTS.

Incomplete applications will be filed as **“INCOMPLETE”** until all of the information needed is received by Fond du Lac Housing Division.

Applications will be kept on file for one (1) year; failure to update will put you in an **“INACTIVE”** status on the waiting list. You will be removed from the waiting list and lose your original filing date.

If you are awarded a home and refuse it or cannot be reached for any reason, your name will automatically go to the bottom of the waiting list.

I therefore, certify that the foregoing information is true and complete to the best of my knowledge.

I authorize inquiries to be made to verify the statements made within the Fond du Lac Housing Division Application.

I understand that if I have not given correct and complete information, this could be cause for not being accepted to the waiting list.

Applicant

Date

Spouse/ Other Adult Applicant

Date

FDLHD Staff

Date

APPLICANT RESPONSIBILITIES

The applicant is responsible for providing all of the necessary information and accurately completing the application as required.

The applicant must certify that all information contained in the application is true and accurate to the best of his/her knowledge.

The applicant is responsible for making corrections or updating the application on an annual basis.

Failure to update an application for a period of thirteen (13) months is grounds for placing the application in an inactive file and removing the applicant from the waiting list.

Applicant's signature

Date

MUST BE RETURNED WITH YOUR APPLICATION

FOND DU LAC HOUSING DIVISION
TENANT/HOMEBUYER ATTESTATION IN LIEU OF FEDERAL INCOME TAX
RETURN

The undersigned tenant/homebuyer attests to the fact that she/he has not filed a federal income tax return for the year indicated. The undersigned further acknowledges that false information may violate federal law and/or the laws or policies of the Fond du Lac Band and may result in disqualification and ineligibility for housing services from the Band.

Tenant/Homebuyer (PRINT): _____

Address: _____

Tenant/Homebuyer Signature: _____

Date: _____

Acknowledgement of receipt by Fond du Lac Housing Division:

Authorized Representative

Date

FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA CONSENT TO CRIMINAL HISTORY INVESTIGATION FOR HOUSING SERVICES

I, consent to allow the Fond du Lac Band of Lake Superior Chippewa to request and obtain information pertaining to my criminal history from any legally available sources for the purpose of verifying my eligibility for housing services from the Fond du Lac Band of Lake Superior Chippewa in accordance with Fond du Lac Ordinance #02/09.

This consent expires fifteen (15) months after signed.

Date: _____

Full legal Name: (Last, First, Middle)

Aliases: _____

Date of Birth: _____

Signature: _____

.....
OFFICE USE ONLY

Housing Staff who completed check: _____ Date: _____

Results: _____

FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA CONSENT TO CRIMINAL HISTORY INVESTIGATION FOR HOUSING SERVICES

I, consent to allow the Fond du Lac Band of Lake Superior Chippewa to request and obtain information pertaining to my criminal history from any legally available sources for the purpose of verifying my eligibility for housing services from the Fond du Lac Band of Lake Superior Chippewa in accordance with Fond du Lac Ordinance #02/09.

This consent expires fifteen (15) months after signed.

Date: _____

Full legal Name: (Last, First, Middle)

Aliases: _____

Date of Birth: _____

Signature: _____

.....
OFFICE USE ONLY

Housing Staff who completed check: _____ Date: _____

Results: _____

CERTIFICATION OF ENROLLMENT

I/We understand that Fond du Lac Reservation policy requires verification of tribal enrollment status for all household members. Therefore, I give Tribal Administration my permission to provide the Housing Division with verification of enrollment.

Signature of adult (18 yrs. of age or older)

Signature of adult (18 yrs. of age or older)

Date

Date

Signature of adult (18 yrs. of age or older)

Signature of adult (18 yrs. Of age or older)

Date

Date

PRINT NAME AND DATE OF BIRTH FOR ALL FAMILY MEMBERS, INCLUDING HEAD OF HOUSEHOLD

Name: _____
DOB: _____
Enrolled: _____ Yes _____ No
Tribal affiliation: _____

Name: _____
DOB: _____
Enrolled: _____ Yes _____ No
Tribal affiliation: _____

Name: _____
DOB: _____
Enrolled: _____ Yes _____ No
Tribal affiliation: _____

Name: _____
DOB: _____
Enrolled: _____ Yes _____ No
Tribal affiliation: _____

Name: _____
DOB: _____
Enrolled: _____ Yes _____ No
Tribal affiliation: _____

Name: _____
DOB: _____
Enrolled: _____ Yes _____ No
Tribal affiliation: _____

Name: _____
DOB: _____
Enrolled: _____ Yes _____ No
Tribal affiliation: _____

Name: _____
DOB: _____
Enrolled: _____ Yes _____ No
Tribal affiliation: _____

I certify that the information provided above is correct, to the best of my knowledge.

Signature & Title (Tribal Administration)

Date

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) 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 toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the 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 investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must 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.

Penalties for Misusing this Consent: HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.