

Keweenaw Bay Indian Community



Housing Department

220 Main Street • Baraga, Michigan 49908
 Fax 906-353-7623 • Phone: (906) 353-7117
 Email: carla@kbic-nsn.gov
 Website: www.kbic-nsn.gov

Application for Four Seasons Apartments

HEAD OF HOUSEHOLD(s): _____ Maiden or Alias

Current Address: _____

E-mail address: _____ Phone Number:(H) _____ (W) _____ (Cell) _____

Alternate Contact Information: _____ Name/ Number _____ Name/ Number _____

4 Seasons Apartment- KBIC Housing Department Rentals:

Number of Bedrooms Needed: 1bdrm 2bdrm 3bdrm

The following documents must be submitted before you are assigned a home.

Drivers license(s) for all adult household members or government picture ID

Proof of income

List all persons who are/will be residing in your residence. Include anticipated change.

List of Household

HEAD OF HOUSEHOLD	RELATIONSHIP To Head of House	SOCIAL SECURITY #	TRIBE AND ID #	Date of Birth
2.				
3.				
4.				
5.				
6.				
7.				

SCREENING In order to complete your application for the Four Seasons Apartments you must provide information regarding your rental history and references. Failure to provide complete and accurate information may result in insufficient information to determine suitability for tenancy.

PREVIOUS HOUSING INFORMATION: (Past 5 years)

1. Previous Address: _____

Landlord's name and address: _____

Landlord's daytime phone number: _____

How long did you live there? _____ Why did you move? _____

Was there an eviction action pending against you? NO. If yes, reason? _____

2. Previous Address: _____

Landlord's name and address: _____

Landlord's daytime phone number: _____

How long did you live there? _____ Why did you move? _____

Was there an eviction action pending against you? NO. If yes, reason? _____

3. Previous Address: _____

Landlord's name and address: _____

Landlord's daytime phone number: _____

How long did you live there? _____ Why did you move? _____

Was there an eviction action pending against you? NO. If yes, reason? _____

REFERENCES (*no relatives*)

1. Name/ Address/Phone: _____

Relationship (how do you know this person): _____ Years known: _____

2. Name/ Address/Phone: _____

Relationship (how do you know this person): _____ Years known: _____

Has any household member ever been convicted of any crime? (All applicants are subject to a Security background check) NO YES STATE FEDERAL

If YES, explain _____

Please explain your current housing situation or any additional information that will help us process your application: _____

I understand the Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false statements to any department or agency.

I understand this statement will remain in effect for the entire length of my tenancy with the KBIC Housing Department.

Head of Household _____ Date _____

Other Adult Household Member _____ Date _____

Other Adult Household Member _____ Date _____

Other Adult Household Member _____ Date _____

**KBIC Housing Department
220 Main Street
Baraga, Michigan**

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to KBIC Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowance	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

PRINTED/TYPED NAME

Head of Household: _____	_____	Date: _____
Spouse: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____