



CITIZEN POTAWATOMI NATION HOUSING DEPARTMENT



RENTAL APPLICATION

Name: Last, First MI	Date of Application	FOR OFFICE USE ONLY Date & Time (Received):
Address:	Apt. #	Tribal Affiliation:
City/State/Zip:	Home Phone:	ADA Confirmed:
Email:	Work Phone:	Reviewer:

Do any of these apply to the applicant and/or family member?	Check Rental Location Preference:
1. Handicapped? Yes No	<input type="checkbox"/> Father Murphy Elder Units <input type="checkbox"/> Citizen Place North Family Units
2. Disabled? Yes No	<input type="checkbox"/> Nichols Elder Units (NO PETS ALLOWED)
3. Military Service? Yes No	<input type="checkbox"/> Rossville, KS Elder Units <input type="checkbox"/> Other Elder Living Units

60-years of age or more: You Spouse Other Relationship to Applicant :

The Citizen Potawatomi Nation Housing Department adheres to the guidelines set forth in the Americans With Disabilities Act. All disability applications require a signed Release of Information from the physician/health care provider that directly treats your disability and a completed Disability Determination Form from your physician. These records are required to determine your eligibility for housing assistance, and they must be current. Records older than one (1) year will not be accepted. SSI and SSD award letters, or statements, will not be accepted as sole proof of disability.

Household Composition

List yourself and each person living in your home.

Last Name	First Name	MI	Tribe	Relationship to Applicant	Social Security #	Date of Birth
				Self		

Income Verification

List all income for each person living in your home, including, but not limited to:

Wages, SSD, SSI, VA, Annuity, Pensions, DHS (TANF), Child Support, Self-Employment, Unemployment

Name	Type of Income	Monthly Amount
Total Household Income Per Month		\$

CITIZEN POTAWATOMI NATION HOUSING DEPARTMENT

RENTAL APPLICATION

Answer all questions completely. Incomplete Applications will not be processed.
Please update information on an annual basis.

Have you ever filed an application with another Housing Authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?
What is your present living arrangement?			
Are you about to be without housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Why?	When?
Do you currently own a home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How Long?	Where?
Have you or any member of your household been evicted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who?	When?
Have you or your spouse ever been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who?	Crime committed:
Has anyone in your household ever been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who?	Crime committed:
Do you own any animals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many?	
Are you or any member of your home licensed to use medical marijuana?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who?	**The use of marijuana is prohibited in units and on premises.

List all Landlords for the past 5 years:

Landlord Name	Phone	Address	Dates From / To

List two (2) credit references:

Creditor Name	Phone	Address	Dates From / To

List two (2) Next of Kin:

Name	Phone	Address	Relation

CITIZEN POTAWATOMI NATION HOUSING DEPARTMENT

RENTAL APPLICATION

Copies of the following documents must be attached to this application. Do not send originals.
****All applications submitted without supporting documents will be considered incomplete and will not be accepted****

The following documents must be provided for EACH household member:

1. Income Verification -Employment Wages, SSI, SSD, VA, Annuity, Pension, DHS (TANF), Child Support, Letter of Self-Employment or Unemployment (Letter of No Income, if over 18 years old and not currently working)
2. Driver's License/State ID/Current Photo ID
3. Social Security Card
4. Tribal Card/CDIB/Tribal Letter
5. Official Birth Certificate
6. Marriage License (if applicable) within the last 10 years
7. Divorce Decree (if applicable) within the last 10 years
8. Property Deed (if applicant and/or family member currently owns a home)
9. Veteran Preference DD-214 (if applicant and/or family member is a Veteran or has served in the Military)
10. Disability Determination Form (if applicant and/or family member is on **Disability**)

Are you related to any CPN Housing staff member, Board of Commissioner, Executive Committee Member or Legislature?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so who?	Relationship:
---	--	-------------------	----------------------

I authorize investigation of all statements contained in this tenant application. I understand that the misrepresentation or omission of facts called for is cause for denial at any time without any previous notice. I hereby give the Housing Department permission to contact employers, references, and others, and hereby release the Housing Department from any liability as a result of such contract.

I understand that, in connection with the routine processing of this tenant application, the Housing Department may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Housing Department will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

The undersigned hereby recognizes the civil jurisdiction of the Citizen Potawatomi Nation courts for any and all eviction and foreclosure proceedings occurring within Citizen Potawatomi Nation Indian country while residing within a home secured by a Citizen Potawatomi Nation Housing Department grant, during the required program grant time period.

Applicant Signature

Date

Co-Applicant Signature

Date