

RED LAKE BAND OF CHIPPEWA INDIANS
RED LAKE HOUSING FINANCE CORPORATION
P.O. BOX 220
RED LAKE, MN 56671
(218) 679-3897 FAX (218) 679-2663

RENTAL APPLICATION

_____/_____/_____
(First) Name of Applicant (Middle) (Last) Social Security No. DOB Age

_____/_____/_____
(First) Name of Co-Applicant (Middle) (Last) Social Security No. DOB Age

Home mailing address (Route, P.O. Box or Street) (City) (State) (Zip code)

Degree of Indian Blood: Applicant _____ Co-Applicant _____

Telephone # Yrs. At Present address Number of Children under 18: _____
Number of other dependents: _____

Previous home address (City) (State) (Zip) Years at previous address

Name and Address of Applicant's Employer Nature of Business

_____/_____
Telephone # Years employed there \$
Salary: Weekly/ Bi-weekly /Monthly (circle one)

Other Income Source of other income

REFERENCES:

Current and/or Previous Landlord

Name _____

Address _____

Telephone # _____ Rent Per Month _____

Name _____

Address _____

Telephone # _____ Rent Per Month _____

CREDIT REFERENCES:

Name _____

Address _____

Telephone # _____ Type of Credit _____

Name _____

Address _____

Telephone # _____ Type of Credit _____

NAME OF PERSONS THAT WILL BE LIVING IN HOUSEHOLD

| Name in Full | DOB | Social Security # | Income/Source |
|--------------|-----------|-------------------|---------------|
| 1. _____ | / / _____ | / _____ | / _____ |
| 2. _____ | / / _____ | / _____ | / _____ |
| 3. _____ | / / _____ | / _____ | / _____ |
| 4. _____ | / / _____ | / _____ | / _____ |
| 5. _____ | / / _____ | / _____ | / _____ |
| 6. _____ | / / _____ | / _____ | / _____ |

SELECT ONE DISTRICT ONLY

_____ Red Lake _____ Redby _____ Ponemah _____ Little Rock _____ Warroad

For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement of my/our condition. Authorization is hereby given to the Red Lake Housing Finance Corporation to verify in any manner it deems appropriate and all items indicated on this statement.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

FOR RLHFC USE ONLY

Date received

Date of original application

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 FEDERAL HOUSING ADMINISTRATION

REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS : LENDER -Complete Items 1 through 6. Have applicant complete items 7 and 8. Forward the completed form directly to the employer named in item 1.

EMPLOYER- Complete items 9A through 15 and return form directly to lender named in item 2.

PART I: REQUEST

| | |
|---|--|
| 1. TO : (Name and address of Employer) : | 2. FROM (Name and Address of Lender) RED LAKE HOUSING FINANCE CORP 23884 HWY 1 EAST/P.O. BOX 220 Red Lake MN 56671 |
|---|--|

| | | | |
|--------------------------------|----------------------------|-----------------|--------------------------------|
| 3. Signature of Lender: | 4. Title of Lender: | 5. Date: | 6. HUD-FHA or VA Number |
|--------------------------------|----------------------------|-----------------|--------------------------------|

| | |
|--|--|
| I certify that this Verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party: | I have applied for a mortgage loan and stated that I am employed by you. My signature below authorizes verification of this information. |
|--|--|

| | |
|--|--|
| 7. Name and Address of Applicant: | 8. Employee's Identification Number: _____ _____ Signature of Applicant |
|--|--|

PART II: VERIFICATION

| | | |
|--|---|--|
| 9A. Is applicant now employed by you? | 10A. Position or Job Title: | 11. [TO BE COMPLETED BY MILITARY PERSONNEL ONLY] |
| YES NO | | |
| 9B. Present Base Pay is \$ _____ The Amount is paid: ___ Annually ___ Hourly ___ Monthly ___ Other(Specify) ___ Weekly | 10B. Length of Applicant's Employment: _____ Base Pay \$ _____ | Pay Grade: _____ Rations \$ _____ Flight or \$ _____ Hazard Clothing \$ _____ Quarter \$ _____ |
| Amount \$ 2014 \$ _____ 2013 \$ _____ | 10C. Probability of continued employment: Including the next 12 months: | Pro-pay \$ _____ Overseas \$ _____ or combat |
| Normal Hours Worked Per Week: _____ Over Time Earnings \$ _____ ___ Regular ___ Temporary | 10D. Date Applicant left: _____ 10E. Reason for leaving: _____ | |
| Other Income \$ _____ ___ Regular ___ Temporary | | |

12. REMARKS:

| | | |
|-----------------------------------|-------------------------------|------------------|
| 13. Signature of Employer: | 14. Title of Employer: | 15. Date: |
|-----------------------------------|-------------------------------|------------------|

**REQUEST FOR
CERTIFICATION OF TRIBAL MEMBERSHIP**

PLEASE COMPLETE AND RETURN TO:

I GIVE PERMISSION TO THE RED LAKE ENROLLMENT DEPARTMENT TO CERTIFY MY TRIBAL ENROLLMENT / MEMBERSHIP INFORMATION:

PLEASE PRINT:

NAME: _____
 FIRST MIDDLE LAST MAIDEN

DATE OF BIRTH: _____ COMPLETE ADDRESS: _____

DATE OF REQUEST: _____

SIGNATURE: _____

NOTARY PUBLIC _____

TO BE COMPLETED BY THE ENROLLMENT DEPT. ONLY

MEMBER'S NAME: _____
 FIRST MIDDLE LAST MAIDEN

_____ Enrolled and possesses at least one fourth degree Red Lake Band Chippewa Indian blood

_____ Not enrolled

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT. THIS INFORMATION IS TAKEN FROM THE MEMBERSHIP ROLLS OF THE RED LAKE BAND OF CHIPPEWA INDIANS ON FILE AT THE ENROLLMENT DEPARTMENT, RED LAKE TRIBAL COUNCIL, RED LAKE, MINNESOTA.

CERTIFIER'S SIGNATURE / ENROLLMENT DEPT.

DATE

**RED LAKE
HOUSING
FINANCE
CORPORATION**

PO Box 220
Red Lake MN 56671
218-679-3897 Fax 679-2663
e-mail: rlfhfinan@paulbunyan.net



**RED LAKE BAND
of CHIPPEWA INDIANS**

PAYROLL DEDUCTION FORM

Employer: _____

Attention: _____

The *Red Lake Housing Finance Corporation* is authorized, by Resolution No. 9-93 to require mandatory payroll deductions for: a) All Mortgage Loans and or delinquent payments; b) rent payments.

The undersigned employee hereby authorizes the above named employer to withhold from EACH PAY PERIOD, the sum of \$ _____, to be paid directly to the Red Lake Housing Finance Corporation.

THE EMPLOYER MAY NOT CANCEL ASSIGNMENTS UNTIL NOTIFIED TO DO SO BY THE RED LAKE HOUSING FINANCE CORPORATION.

Please forward the payments to the following address:

*Red Lake Housing Finance Corporation
P. O. Box 220
Red Lake, MN 56671*

The first withholding shall be taken from the employee's salary paid on _____,

**AGREED TO BY THE FOLLOWING PARTIES ON THIS _____ DAY
OF _____, 20_____.**

EMPLOYEE NAME (PRINT)

EMPLOYEE SIGNATURE

SOCIAL SECURITY NUMBER

RLHFC STAFF PERSON