



## Red Lake Supportive Housing 1

### PUBLIC NOTICE

The Red Lake Homeless Shelter is accepting applications for the Red Lake Supportive Housing 1 rental program. This housing includes 14 units built in 7 duplexes, some of which are located in each community. The number of units in each community is as follows:

Unit Size	Little Rock	Red Lake	Redby	Ponemah
1 BR			2	2
2 BR		2		2
3 BR	2	2	2	

Eligibility requirements include income limits and disability status, and are established through HUD's Section 811 Supportive Housing for Persons with Disabilities Program, which provides rental assistance funds for the project.

Applicant household incomes must be at or below the very low income limit, and will be verified during the application process. Limits are as follows:

Household Size	1	2	3	4	5	6
Annual Income	\$20,750	\$23,700	\$26,650	\$29,600	\$32,000	\$34,350

All units will be restricted to disabled households. A disabled household means a household composed of one or more persons, at least one of whom is an adult (18 years or older) who has a significant disability. For purposes of this housing, eligible disabilities include those that are physical, mental health or developmental in nature. Further information to determine the nature and extent of an applicant's disability will be requested during the application process, and must meet HUD standards for this program.

The Red Lake Supportive Housing 1 program will give priority for occupancy to Red Lake Band of Chippewa Indians enrolled members, and to households that do not currently have their own housing. These households may be homeless or temporarily doubled-up with a relative or friend.

Applications may be picked up at the Red Lake Homeless Shelter (15851 Main Avenue, P.O. Box 280, Red Lake, MN 56671) and returned to the same location when completed. Questions and requests for applications to be mailed may be directed to Carol Priest or Jordan May at 218-679-3228.



**RED LAKE SUPPORTIVE HOUSING 1**  
**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE**

APPLICANT NAME: \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household (yourself) and all other members who will be living in the household. Start with yourself and give the relationship of each family member to you.

LAST NAME	FIRST NAME	RELATIONSHIP	BIRTH DATE	AGE	IN SCHOOL (Y/N)	SEX (M/F)	SOCIAL SECURITY NUMBER

2. Race of Head of Household:  
 American Indian/Alaskan Native    Asian/Pacific Islander    Black or African American  
 Native Hawaiian or Other Pacific Island    White

3. Tribal Enrollment of Head of Household if American Indian/Alaskan Native:  
 Red Lake    Other Federal Recognized Tribe    Not Enrolled

4. Is any other household member a Red Lake Enrollee?  Yes    No  
 List name(s) \_\_\_\_\_

5. Ethnicity of Head of Household:  
 Hispanic or Latino    Not Hispanic or Latino

6. Do you or does anyone in your household engage in use of controlled substances/illegal drugs?  
 Yes    No If yes, please specify household member: \_\_\_\_\_

7. Are you or is anyone in your household subject to a state/federal lifetime registration requirement for sex offenders?  
 Yes    No If yes, please specify household member: \_\_\_\_\_

8. Does anyone live with you now who is not listed above?  Yes    No  
 Do you expect a change in your household composition?  Yes    No  
 Explain if you answered yes to either question: \_\_\_\_\_

9. Does any adult (age 18 or older) meet the following definition for a person with a disability?

A physical, mental, emotional or developmental impairment which:

- Is expected to be of long-continued and indefinite duration; and
- Substantially impetes the person’s ability to live independently; and
- Is of a nature that such ability could be improved by more suitable housing conditions

Yes  No If yes, please specify household member: \_\_\_\_\_

10. Please identify any special housing needs your household has: \_\_\_\_\_

11. Current housing situation:

Are you currently living in your own house or a rental unit leased to you?  Yes  No

Owner or Landlord Name: \_\_\_\_\_

If not, please describe your current housing situation:

living in a temporary arrangement with relatives or friends

living in a car, garage, travel trailer or other place not meant for human habitation

Homeless – please describe where you stay: \_\_\_\_\_

other – please describe: \_\_\_\_\_

12. Which of the Red Lake Nation Communities do you prefer to live in

Little Rock  Red Lake  Redby  Ponemah  Any

**INCOME AND ASSET INFORMATION**

YES	NO	
_____	_____	1. Work full-time, part-time, or seasonally?
_____	_____	2. Expect to work for any period of time during the next year?
_____	_____	3. Work for someone who pays cash?
_____	_____	4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
_____	_____	5. Now receive or expect to receive unemployment benefits?
_____	_____	6. Now receive or expect to receive child support?
_____	_____	7. Not receive child support that she/he is entitled to?
_____	_____	8. Now receive or expect to receive alimony?
_____	_____	9. Have an entitlement to receive alimony that is not currently being received?
_____	_____	10. Now receive or expect to receive public assistance (MFIP/GA)?
_____	_____	11. Now receive or expect to receive Social Security, SSI, or disability benefits?
_____	_____	12. Now receive or expect to receive income from a pension or annuity?
_____	_____	13. Now receive or expect to receive regular contributions from organizations, tribes, or from individuals not living in the unit?
_____	_____	14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income front rental property?
_____	_____	15. Own real estate or any asset for which you receive no income (checking account, cash)?
_____	_____	16. Have real property or other assets (including cash) that she/he has sold or given away in the past two years?

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QUESTION #	MEMBER NAME	SOURCE/TYPE OF INCOME	ANNUAL AMOUNT

**ASSETS**

1. List all checking and savings accounts (including IRAs, Keogh Accounts, and Certificates of Deposit) of all household members.

MEMBER NAME	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

**EXPENSES**

Yes  No Do you have expenses for child care of a child aged 12 or younger?  
If yes, provide the name, address, and telephone number of the care provider:

What does the child care cost you weekly? \_\_\_\_\_

Yes  No Do you pay a care attendant or for any equipment for any disability household member(s) necessary to permit that person or someone else in the household to work?  
If you pay a care attendant, provide their name, address, and telephone number:

What is the cost to you for the care attendant and/or the equipment? \_\_\_\_\_

**ELDERLY FAMILIES ONLY**

Yes  No Do you have Medicare? If yes, what is your monthly premium? \_\_\_\_\_

Yes  No Do you have any other kind of medical insurance? If yes, provide the following:  
Name and address of carrier, policy number, and a premium amount

Yes  No Do you have outstanding medical bills? If yes, list them below:

What medical expenses do you expect to incur in the next 12 months?

If you use the same pharmacy regular, please provide the name and address:

**PREVIOUS RENTAL HISTORY**

**Name and Address of your present/most recent landlord:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
How long have you lived there? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

**Name and Address of your present/most recent landlord:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
How long have you lived there? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

**EMPLOYMENT**

**Name and Address of Head of Household's Employer:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_

**Name and Address of Spouse's or Co-Head's Employer:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_

**APPLICANT CERTIFICATION**

We certify that if selected for occupancy/assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize Red Lake Supportive Housing 1/Red Lake Homeless Shelter to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate federal, state, tribal or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law.

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult Occupant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_