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:

<table>
<thead>
<tr>
<th>Unit Size</th>
<th>Little Rock</th>
<th>Red Lake</th>
<th>Redby</th>
<th>Ponemah</th>
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<tbody>
<tr>
<td>1 BR</td>
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<td>2</td>
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<td>3 BR</td>
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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:

<table>
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<tr>
<th>Household Size</th>
<th>1</th>
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<th>5</th>
<th>6</th>
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<tr>
<td>Annual Income</td>
<td>$20,750</td>
<td>$23,700</td>
<td>$26,650</td>
<td>$29,600</td>
<td>$32,000</td>
<td>$34,350</td>
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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.
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.

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>RELATIONSHIP</th>
<th>BIRTH DATE</th>
<th>AGE</th>
<th>IN SCHOOL (Y/N)</th>
<th>SEX (M/F)</th>
<th>SOCIAL SECURITY NUMBER</th>
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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 impedes 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 from 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?
<table>
<thead>
<tr>
<th>QUESTION #</th>
<th>MEMBER NAME</th>
<th>SOURCE/TYPE OF INCOME</th>
<th>ANNUAL AMOUNT</th>
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**ASSETS**

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

<table>
<thead>
<tr>
<th>MEMBER NAME</th>
<th>BANK NAME</th>
<th>TYPE OF ACCOUNT</th>
<th>ACCOUNT NUMBER</th>
<th>BALANCE</th>
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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: __________________________