

REE LODGE MANAGEMENT(RLM) HOUSING PROGRAM

- RLMP HOUSING IS FOR PRIMARY RESIDENCE ONLY.
- UPON RETURNING YOUR APPLICATION THERE IS A TWENTYFIVE DOLLAR (\$25.00) NON-REFUNDABLE APPLICATION FEE DUE BEFORE THIS APPLICATION SHALL BE PROCESSED. THIS FEE IS USED FOR THE TRIBAL BACKGROUND CHECK, PERFORMED ON EVERY APPLICANT 18 YEARS OF AGE AND OLDER.
- TWO FORMS OF ID FOR EACH APPLICANT.
- PROOF OF INCOME MUST BE SUBMITTED PRIOR TO APPLICATION BEING PROCESSED. YOU MUST BE GAINFULLY EMPLOYED AND PROVIDE INCOME VERIFICATION FOR THE RLM PROGRAM.
- APPLICANTS CANNOT BE DELINQUENT TO ANY TRIBAL PROGRAM INCLUDING SMALL LOANS OR OTHER HOUSING PROGRAMS TO BE CONSIDERED ELIGIBLE (EXCEPTIONS MAY BE CONSIDERED IF ON AN APPROVED REPAYMENT PROGRAM).
- APPLICATION MUST BE COMPLETED (IN ITS ENTIRETY WITH SUPPORTING DOCUMENTATION ATTACHED) BEFORE IT SHALL BE REVIEWED/PROCESSED. COMPLETED APPLICATIONS WILL BE REVIEWED BY THE RLMP BOARD.
- PREFERENCE SHALL BE GIVEN TO ENROLLED TRIBAL MEMBERS OF THE THREE AFFILIATED TRIBES. RLMP TRANSFERS, EMERGENCY PLACEMENT, AND ESSENTIAL STAFF HAVE PRIORITY OVER WAIT LIST.
- RELEASE OF INFORMATION FORMS ARE REQUIRED FOR EACH APPLICANT.
- RLM HOUSING PROGRAM HAS A NO DRUG POLICY (RLM PROPERTY IS TESTED/MONITORED REGULARLY FOR MANUFACTURING/USAGE/DISTRIBUTION OF DRUGS). IMMEDIATE TERMINATION OF HOUSING AGREEMENT AND EVICTION UPON EVIDENCE OF ILLEGAL ACTIVITY.

THANK YOU FOR YOUR INTEREST IN THE REE LODGE MANAMGENT PROGRAM

Application Checklist

_____ Completed Application

_____ Two (2) Forms of Photo ID

_____ Tribal Enrollment

_____ Proof of Employment/Income

_____ \$25.00 Application Fee

Received By _____ Date _____

Application

This application is designed to be completed by the applicant(s) with assistance from our offices if needed. Joint-Applicant information must also be provided.

Please print clearly

Applicant				Joint-Applicant				
Full Name (Include Jr. or Sr. if Applicable)				Full Name (Include Jr. or Sr. if Applicable)				
Current Mailing Address (<u>Street, city, state, zip code</u>)		Contact Information		Current Mailing Address (<u>Street, city, state, zip code</u>)				
		Home: _____						
		Cell: _____						
		Joint-Applicant						
Home: _____		Home: _____		Cell: _____		Cell: _____		
Social Security Number	Date Of Birth	Enrollment Number	Social Security Number	Date Of Birth	Enrollment Number	Social Security Number	Date Of Birth	Enrollment Number
Married () Single () Veteran () Senior ()				Married () Single () Veteran () Senior ()				
Present Housing: Rent () Own ()		No. of Years _____		Location _____				
Land Lord's Name (if applicable) _____				Contact Number _____				
No. of Dependents Under the Age of 18 yrs.	No.	Ages:	<i>You can claim your child as a dependent if they are under the age of 24 AND a full-time student.</i>	No.	Ages:			
Employment Information								
Name of Employer:		No. of Years:		Name of Employer:		No. of Years:		
Position/Title		Buisness Phone		Position/Title		Buisness Phone		
Gross Monthly Income:		Gross Monthly Income:		Gross Monthly Income:		Gross Monthly Income:		
Previous Employer:		No. of Years:		Previous Employer:		No. of Years:		
Previous Position/Title		Buisness Phone		Previous Position/Title		Buisness Phone		
Previous Gross Monthly Income:				Previous Gross Monthly Income:				

Received By _____

Date _____

Application

Name: (First, Middle, Last) _____ Marital Status *Circle One* (M) (S) (D)

Phone Number: Cell _____ Home _____ Email Address _____

What Segment did you vote in? _____ Enrollment # _____

Give a brief description of why you and your family moved/are moving from your previous/most recent address _____

Dependents in Household (Include Applicant(s)):

Name:

Date of Birth:

Enrollment Number:

Relationship to Applicant:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

How did you hear about the Ree Lodge Management Housing Program? _____

Are there any special circumstances RLM should be aware of when reviewing your application? _____

Type of Housing Interested In/Requested:

Rental (Apartment/DuPlex/House)-()

Senior Apartment-()

Senior Scattered Homes-()

Information Release Form
Employment/Income Verification

TO WHOM IT MAY CONCERN: I _____ authorize the release of information
Employee Name (Print)
concerning my employment and income status to Ree Lodge Management for the purpose of qualifying for
the Ree Lodge Management housing program in White Shield/East Segment.

We appreciate your cooperation and prompt return of this information.

Thank you,

Employee's Signature

Employee's Tribal Enrollment Number

Employee's Social Security Number

Date

Information Requested

Program/Department Employed Through _____

Employment Start Date _____

Gross Hourly Wage/Monthly Salary _____

Pay Frequency _____

Employment Schedule *Circle One* Full Time / Part Time
_____ Hours Per Week

Department Representative

Date

Information Release Form

Housing Programs

TO WHOM IT MAY CONCERN: The Ree Lodge Management Program is requesting information regarding an applicant who has applied for housing through our program. In order for an applicant to be eligible, the applicant must be in good standing with all tribal housing programs. We are requesting information from your program to help determine the eligibility of this applicant.

We appreciate your cooperation and prompt return of this information.

Thank you,

By signing this document, I (undersigned) give my consent to release my information to Ree Lodge Management Housing Program and provide them with the requested information below, and any additional information, in order to complete my application.

Applicant's Full Name

Applicant's Date of Birth

Applicant's Signature

Date

Applicant's Tribal Enrollment Number

Information Requested

Is applicant presently/formerly a tenant of your housing program? *Circle One* Yes / No

If Yes, please tell us which program _____ Number of Years _____

Does the applicant owe any outstanding balances? *Circle One* Yes / No

If Yes, what is the total owed? _____

To the best of your knowledge and records has the applicant or their immediate family members ever committed any of the following in or around your property?

_____ Illegal activity including but not limited to; drug usage, drug sales, assault, etc.

_____ Damaged Housing property through violence or negligent/irresponsible usage.

_____ Received multiple complaints about tenant conduct.

_____ Any other activity requiring law enforcement to be contacted.

If Yes to any of the above-mentioned violations, please explain. _____

Has this tenant been evicted from your program for any reason? *Circle One* Yes / No

If Yes, please explain the reasoning _____

Was this tenant late on their rental payments more than three times in a calendar year? *Circle One* Yes / No

Additional Comments: _____

Department Representative

Date

Information Release Form

Finance/Tribal Loans

TO WHOM IT MAY CONCERN: The Ree Lodge Management Program is requesting information regarding an applicant who has applied for housing through our program. In order for an applicant to be eligible, the applicant must be in good standing with all finance/tribal loan programs. We are requesting information from your program to help determine the eligibility of this applicant.

We appreciate your cooperation and prompt return of this information.

Thank you,

By signing this document, I (undersigned) give my consent to release my information to Ree Lodge Management Housing Program and provide them with the requested information below, and any additional information, in order to complete my application.

Applicant's Full Name

Applicant's Date of Birth

Applicant's Signature Date

Applicant's Tribal Enrollment Number

Information Requested

Does applicant owe any money to your program? *Circle One* Yes / No

Is applicant in good standing with your program? *Circle One* Yes / No

If No, has applicant established a plan to earn good standing with your program? *Circle One* Yes / No

Additional Comments: _____

Department Representative

Date

Information Release Form

Tenant Screening/Background Investigation

All applicants/residents 18 years of age and older shall be subject to a background investigation at the discretion of the Ree Lodge Management Housing Board. All information collected shall remain confidential, within the RLM Program, and is considered by the board when determining the eligibility of the applicant(s).

Primary Applicant _____
First Middle Last Maiden

Other Names Used _____

Current Address (City, State, County) _____

D.O.B. _____ SSN _____ Contact Number _____

I authorize this Background Investigation

Signature Date Witness Date

Joint Applicant/Partner _____
First Middle Last Maiden

Other Names Used _____

Current Address (City, State, County) _____

D.O.B. _____ SSN _____ Contact Number _____

I authorize this Background Investigation

Signature Date Witness Date

All resident/dependents 18 years or older MUST submit to a Background Investigation

Dependent _____ D.O.B. _____ SSN _____
First M.I. Last

I authorize this Background Investigation

Signature Date Witness Date

Dependent _____ D.O.B. _____ SSN _____
First M.I. Last

I authorize this Background Investigation

Signature Date Witness Date