

NOTICE: Receipt of this award may have tax consequences.
Please refer to your guidelines.

D. FAMILY INFORMATION: List all other persons who will be living in the household on a permanent basis. Start with the oldest.

Name	D.O.B.	SS#	Relationship	Tribe/Roll # (if any)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. INCOME INFORMATION:

List all household family members at least 18 years old who have income:

Income includes, but is not limited to, wages, salary, commissions, or income earned from self-employment, rental income, child support and alimony, adult member's per capita payments, retirement, disability, unemployment, interest and dividends, general assistance, and public assistance.

Name	Annual Income	Source of Income
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total household annual income: \$ _____
(if necessary, continue on another sheet)

F. DEBT INFORMATION:

List all current debt (including but not limited to mortgages) that you or other household members are responsible to pay:

Lender/Creditor	Balance owed	Description
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total combined household debt: \$ _____
(if necessary, continue on another sheet)

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F. HOUSING INFORMATION:

1. Have you or anyone in your household ever received any type of housing assistance from the Bureau of Indian Affairs, the Prairie Band Potawatomi Nation or Prairie Band Potawatomi Nation Housing Department?

a. If yes indicate type of assistance, date and amount: YES NO

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3. Are you a homeowner now? YES NO

4. If you are not a homeowner now, have you owned a home in the last 5 years? YES NO

The information provided in this application will remain confidential with the Housing Department, and no information will be released to other departments or agencies without the consent of the applicant. The Tribal Council shall have the right to summary information in order to determine the effectiveness of this program and to audit the status of this program.

THIS APPLICATION IS SUBJECT TO CURRENT ELIGIBILITY REQUIREMENTS AND AVAILABILITY OF FUNDING AT THE TIME OF SELECTION FOR PROGRAM PARTICIPATION

Incomplete information and/or false statements will subject this application to rejection for this program. I certify the foregoing information to be true, complete and accurate to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____

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