



**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. 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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2. Do you own this home and own this property? (Circle one) YES NO  
**(Must provide a copy of the Warranty Deed for this home)**

\_\_\_\_\_

3. Is this home covered with Homeowners Insurance? YES NO  
**(Must provide a copy of the Homeowners Insurance policy)**

4. Has federal or tribal assistance ever been provided for **this** house? YES NO  
a. If yes, indicate type of assistance, date and amount:

\_\_\_\_\_

5. What is the condition of this home? (Circle one) GOOD FAIR POOR

6. How many bedrooms are in this house? \_\_\_\_\_

7. How many bathrooms are in this house? \_\_\_\_\_

8. Is this home a mobile home? YES NO

9. Provide a brief description of the basic repairs you are requesting:

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

The information provided in this application will remain confidential with the Housing Department, and

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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:** \_\_\_\_\_