

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)

D. HOUSING INFORMATION

1. What are the reasons for your relocation? _____

2. What address are you moving to?

Street Address: _____

City: _____ State: _____

3. Will you be renting or purchasing this residence?

4. Will this be your primary residence?

5. List all expenses incurred for relocation purposes. Provide written verification of costs to be paid directly to provider. To be reimbursed for amounts already paid, provide receipts or other verification of payment. If costs have not yet been incurred please provide estimates of costs and be sure to provide verification within time frame allotted in Rental Assistance Program Guidelines.

Total Amount of Expenses \$ _____

For this application to be considered, you must submit the following with your application:

1. A copy of the tribal enrollment card (or verification from Tribal Enrollment Department of applicant' enrollment with the Prairie Band Potawatomi Nation.
2. A copy of the Social Security Card for the tribal member head of household (no substitutions will be accepted.

For this application to be processed you must provide the following items:

1. Statement from service provider, rental agency, landlord, or other appropriate entity to verify amount to be paid directly to provider on behalf of tribal member.
2. Receipts verifying amounts paid out of pocket by tribal member to be reimbursed to tribal member.

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:**

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 c 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

Return this application and all requested information to:

Prairie Band Potawatomi Nation
Housing Department
8273 156th Lane
Mayetta, KS 66509

Approved 3-2-10

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5