



# PBPN Housing Department Verification Form

## APPLICANT INFORMATION

Full Name:		
Emergency Contact Phone#:		Current Phone#:
<b>Current address:</b>		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?

## OCCUPANTS

*LIST ALL INDIVIDUALS WHO ARE EXPECTED TO LIVE WITH APPLICANT*

Name	Relationship		Student Status Y or N
		Left Blank	

## OTHER

Are you serving as a foster parent?	Yes	No
Are you employed by the tribal government or its enterprises?	Yes	No
Are you moving from off the reservation?	Yes	No
Have you or any member of your household been arrested or convicted within the past five (5) years for drug related or violent criminal activity?	Yes	No
If yes, please explain:		
Do you or anyone in the household have unpaid debts owed to the Prairie Band Potawatomi Nation or to the Prairie Band Potawatomi Nation Tribal Housing Department?	Yes	No
Has anyone in the household had a debt forgiven by the Prairie Band Potawatomi Nation Housing Department?	Yes	No

## HOUSING OPTIONS

Types of Housing: Circle all options you would consider				
House	Duplex	Apartment		
Would you be willing to live in a cluster?		Yes	No	
Number of Bedrooms preferred:				
One	Two	Three	Four	More
Do you own a pet(s)?			Yes	No
If yes, what type?				
Would you be willing to give up the pet(s)?			Yes	No



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I hereby certify the above information is correct to the best of my knowledge and may be used for purposes of verification. I hereby authorize the release of information requested to the Prairie Band Potawatomi Nation Tribal Housing Department for the purposes of determining housing eligibility. I hereby also certify I have read and understand the Prairie Band Potawatomi Nation Tribal Housing Department's Rental Eligibility Requirements.

Signature of Applicant \_\_\_\_\_

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of co-applicant \_\_\_\_\_ Date \_\_\_\_\_

***TO BE COMPLETED BY HOUSING DEPARTMENT STAFF ONLY***

Date Received:

Received by:

Entered By:

Rental Database:

Mail log: