



Housing Department  
 1743 142<sup>nd</sup> Ave.  
 PO Box 218  
 Dorr MI 49323  
 (616) 681-9510

## Home Improvement Application

### A. Applicant Information

Name				
	Last	First	Int.	Maiden
Current Address				
City		Zip		Phone ( ) -
DOB	/ /	SSN	- -	Roll # -
<b>Martial Status</b> <small>Please check one</small>		Single	Married	Widowed
				Other

### B. Housing Information

Location of house to be repaired (Please give address & detailed directions to residence).	
	<div style="text-align: center; margin-top: 100px;"> <b>N</b>  </div> <p style="text-align: center; margin-top: 10px;">Please write major cross streets and indicate location of home.</p>

Please check or circle items that apply.

Electric available	Y	N	Sewer Type	City	Septic tank	# of Bedrooms					
Water Source	City		Private Well		Comm. Water Tank		Other (Explain)				
Size of Home (In Square Feet)			Bath tub	Y	N	Sinks	Y	N	Property	Own	Rent



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Provide a brief description of home repairs for which you are applying. List each request separately and provide as much detail as possible.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

\_\_\_\_\_

9. \_\_\_\_\_

\_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_



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**Family Information:**

List all family members living within the household on a permanent basis.

Name	DOB	SSN	Relation	Tribal Roll #
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-

**E. Applicant Certifications**

(Read this certification carefully before you sign and date your application. All applications must be signed in ink)

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. I also understand that if I employ any contactor or subcontractor without Housing's prior written approval, I alone will be responsible for payment, completion and ensuring that such work meets Housing's approval. Housing reserves the right to not accept such work and require it to be done over.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_



# MATCH-E-BE-NASH-SHE-WISH

Band of Pottawatomí Indians

*Gun Lake Tribe*

Housing Department

1743 142<sup>nd</sup> Ave. P.O. Box 218 Dorr, MI 49323

Telephone: (616) 681-9510 Fax: (616) 681-9520

[www.mbpi.org](http://www.mbpi.org)

Dear Applicant,

Before you submit your request for Home Improvement Assistance, I suggest that you review the following checklist to be sure that you have submitted copies of all necessary documents. This will help ensure consideration as a complete application.

- Home Improvement application.
- The most current income check stub(s) for all family members within the household.
- The most current tax returns/W2's for all family members within the household.
- Social Security cards for all family members within the household.
- All other applicable forms of income for all family members within the household, which may include but is not limited to, child support, unemployment, social security or pension benefits.
- Inspection Agreement Contract.
- Authorization for Specific Confidential Communications form.
- Proof of homeownership in the form of title or mortgage agreement.
- A letter or statement from the taxing government stating all property taxes are current.
- Proof of valid homeowners insurance.

Sincerely,

*Melissa Brown*

Melissa Brown  
Housing Director

## INSPECTION AGREEMENT

I, \_\_\_\_\_, agree that in the event of my absence or extreme tardiness for a  
Print Your Name

scheduled inspection, I will be duly responsible for payment of the inspection fee and travel cost, if applicable. Furthermore, I understand that no future progress will be made with my application until payment has been made in its entirety.

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

\_\_\_\_\_  
Date

