

THE SETTLEMENT

Application

Application Information

Last Name	First Name	MI	Prior Last Name (s)
Tribal Enrollment Number	Street Address or PO Box	City	State Zip Code
Home Phone Number	Cell Phone Number		

Household Composition

Name of each Household Member	Relationship to Applicant	Date of Birth	Sex	Age	Social Security Number	Gun Lake Tribal member?
	Self/Applicant					<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Income

Please list the names and incomes of any household members, over 18, who are receiving income from any source.

Name	Source(s) of Income/Employer(s)	Years at Job	Gross Amount

General Information

Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any Household Members who are 18 years old or older presently unemployed? If yes, please list the unemployed Household Member(s), how long and why unemployed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any Household Members receiving public assistance of any kind? If yes, please list who is receiving the assistance and what type.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I do hereby swear and attest that all of the information above about my household members and me is true and correct. I understand that **ALL CHANGES** in the income of any member of the household as well as **ANY CHANGES** in the household members must be reported to the Housing Department in **WRITING IMMEDIATELY.**

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 and 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 requested 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.

Application must be signed, in ink, by all household members 18 years of age or older.

Head of Household

Date

Spouse or Other adult

Date

Other Adult

Date

Other Adult

Date