



**TOTAL NUMBER IN HOUSEHOLD** \_\_\_\_\_

**INCOME GUIDELINES**

1 to 4 family household total gross income

- Very Low is below \$42,950
- Low is below \$68,700

5 to 8 family household total gross income

- Very Low is below \$56,700
- Low is below \$90,700

**INCOME INFORMATION**

*Earned Income: List the applicant first, then the spouse if applicable, followed by all household members assisted with HPG funds for all or part of the next 12 months. Include wages, salaries, tips, bonuses, commissions, professional fees, and net earnings from self-employment. Provide check stubs, W-2, and 1099 forms for verification.*

<b>Initials or Tribal Number</b>	<b>Annual Earned Income</b>	<b>Source of Income</b>

**Total annual earned Income \$** \_\_\_\_\_

Unearned Income: Include Social Security, retirement, disability, unemployment benefits, child support, alimony, royalties, per capita payments, interest, and similar income. List the applicant first, then the spouse, if applicable, followed by all household members with income. Provide statements and check stubs for verification.

<b>Initials or Tribal Number</b>	<b>Annual Unearned Income</b>	<b>Source of Income</b>

**Total annual unearned Income \$** \_\_\_\_\_

**TOTAL COMBINED ANNUAL HOUSEHOLD INCOME \$** \_\_\_\_\_

**HOUSING INFORMATION**

Type of Housing: \_\_\_ House \_\_\_ Mobile Home \_\_\_ Other

Housing Composition: \_\_\_ Lives with Spouse \_\_\_ Lives with Family/Friends \_\_\_ Lives Alone

Number in Household: \_\_\_\_\_ Are you in an overcrowded situation: \_\_\_ Yes \_\_\_ No

Do you own this home: \_\_\_ Yes \_\_\_ No *Please provide proof of home ownership with your application.*

Have you lived in this home for at least 1 year prior to the time of this request: \_\_\_ Yes \_\_\_ No

Is the condition of the home in a dilapidated state: \_\_\_ Yes \_\_\_ No

If the application is housing repair-related, please provide the following information.

House size (sq feet): \_\_\_\_\_ Number of bedrooms: \_\_\_ Number of bathrooms: \_\_\_\_\_

Please describe the issue with your home or the type of housing assistance you are requesting below.


**VETERANS SERVICE**

Have you/spouse ever served in the Military? \_\_\_ Yes \_\_\_ No

I certify that all answers are true, complete, and correct to the best of my knowledge and belief, made in good faith. I understand this information will be used to determine eligibility for financial assistance.

***Disclaimer:*** *Services are provided at the applicant's risk. The applicant agrees to hold harmless Bay Mills Indian Community and its officers, employees, directors, representatives, and agents, for any and all claims, losses, settlements, fines, liabilities, damages, deficiencies, costs or expenses (including interest, penalties and attorneys' fees and disbursements) suffered, sustained, incurred or required to be paid, based upon, arising out of, in connection with, or otherwise in respect of the performance services for the applicant.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_