

Fond du Lac Housing Division



Dear Applicant,

Thank you for your interest in the Fond du Lac Reservation's **Emergency Rental Assistance Program**. The application process is as follows:

- Applicants must fill out the Emergency Rental Assistance Program Application.
- Assistance under the Program shall consist of one month's rent at fair market value and the payment of a Security Deposit not to exceed the value of one month's rent. Assistance is only available for Private Sector Housing.
- **Payment will be made directly to the landlord, when a verifiable signed lease or monthly rental agreement is received by the Fond du Lac Housing Division. The landlord must also fill out a W-9 Form and sign the Security Deposit Refund Request Form and return both to the Fond du Lac Housing Division before payment will be processed. The forms are attached to the Emergency Rental Assistance Application.**
- The Security Deposit shall be returned to the Fond du Lac Housing upon vacancy of the leased unit.
- Families are eligible to receive Emergency Rental Assistance once every three (3) years within the 60-mile radius of the Fond du Lac Reservation or once in a lifetime up to \$1,000 out of the area.
- **Incomplete Applications will be turned away. Please fill out the Application Completely.**

Tribes with large reservations or those that encompass more than one county may have more than one income limit. To reduce administrative burden, the Tribe or Tribally Designated Housing Entity (TDHE) may set income limits for multi-county reservations at the income limit level of the county with the highest income limits.

If the MFI limit for a county located within your Indian area is lower than the United States MFI limit, you must use the U.S. MFI limit. The U.S. MFI for FY 2023 is \$96,200. Therefore, the adjusted income limits broken out by family size and 80 and 100 percent (80/100%) of MFI are shown below.

2023 Median Family Income \$96,200

% Median Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$53,850	\$61,550	\$69,250	\$ 77,000	\$ 83,100	\$ 89,250	\$ 95,450	\$101,600
100%	\$67,350	\$77,000	\$86,600	\$ 96,200	\$103,900	\$111,600	\$119,300	\$127,000

2023 MFI Limits for Families with More Than Eight Members

MFI Limits for families of various sizes are determined by the following percentage relationship with the 4-person family size as the “Base” determinant.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
70%	80%	90%	BASE	108%	116%	124%	132%

To calculate the MFI Limits for families with more than eight members, use the four-person income limit as the base amount. Multiply the base amount by increments of eight percent (8 %), increasing for each additional person as shown in the following table.

9 Person	10 Persons	11 Persons	12 Persons	13 Persons	14 Persons	15 Persons	16 Persons
140%	148%	156%	164%	172%	180%	188%	196%

For example, to calculate the 10-person, 80 percent 2023 U.S. MFI limit, first find that for 4-persons. The 4-person, 80 percent 2023 U.S. MFI limit is equal to \$77,000. Next, multiply this “Base” amount by 148% since we are extrapolating it to a 10-person household. One-hundred and forty-eight percent is equal to 148/100, which is equal to 1.48. The result is $\$77,000 \times 1.48 = \$113,960$. Rounding to the nearest \$50, as is ONAP’s policy, results in the 10-person, 80 percent 2022 U.S. MFI limit being \$113,950.

2023 Alaska MFI Limits

Due to prevailing levels of construction costs, Tribes or TDHEs located within Alaska, but outside of the service areas that are listed below should use the Alaska MFI to determine income eligibility of families applying for assistance under the Native American and Housing Assistance and Self-Determination Act of 1996 programs.

Date Received: _____
Received By: _____

**Fond du Lac Housing Division
Application for Emergency
Rental Assistance Program**

Date of Application: _____

Fond du Lac Enrolled? YES NO Enrollment Number: _____

Applicant Information

Name: _____
 Last First MI Maiden, if applicable

SSN: _____ Date of Birth: _____

Mailing Address: _____
 Street Address/P.O. Box Apartment/Unit #

Physical Address: _____
 Street Address/P.O. Box Apartment/Unit #

Telephone Number: _____ Email: _____

Information on Emergency Need

Have you been displaced from your home? YES NO

Have you ever received assistance from this program? YES NO

If so, when: _____

Please explain your emergency need: _____

Household Members

Name	Relation to Applicant	Date of Birth	Age	Sex	Social Security Number

Income Information

Employer: _____ Phone: _____

Address: _____
Street Address
City
State
Zip

Job Title: _____ Supervisor: _____

Temp/Perm Position: _____ Length of Employment: _____

Gross Monthly Amount Received: \$ _____ WEEKLY BI-WEEKLY MONTHLY

CO-APPLICANTS EMPLOYMENT:

Employer: _____ Phone: _____

Address: _____
Street Address
City
State
Zip

Job Title: _____

Supervisor: _____

Temp/Perm Position: _____

Length of Employment: _____

Gross Monthly Amount Received: \$ _____

WEEKLY

BI-WEEKLY

MONTHLY

OTHER SOURCES OF INCOME AND AMOUNTS: (Including SSI, Social Security, Cash Assistance, Pension, Unemployment):

Name of Recipient

Source

Amount

Date Received

Applicant Certification

I, THEREFORE CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRES TO BE MADE TO VERIFY THE STATEMENTS ABOVE. I UNDERSTAND THAT IF I HAVE NOT GIVEN CORRECT OF COMPLETE INFORMATION, THIS COULD BE CAUSE FOR NOT BEING ACCEPTED IN THE EMERGENCY RENTAL ASSISTANCE PROGRAM.

Applicant Signature

Date

Spouse Signature

Date

FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA CONSENT TO CRIMINAL HISTORY INVESTIGATION FOR HOUSING SERVICES

I, consent to allow the Fond du Lac Band of Lake Superior Chippewa to request and obtain information pertaining to my criminal history from any legally available sources for the purpose of verifying my eligibility for housing services from the Fond du Lac Band of Lake Superior Chippewa in accordance with Fond du Lac Ordinance #02/09.

This consent expires fifteen (15) months after signed.

Date: _____

Full legal Name: (Last, First, Middle)

Aliases: _____

Date of Birth: _____

Signature: _____

.....
OFFICE USE ONLY

Housing Staff who completed check: _____ Date: _____

Results: _____

FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA CONSENT TO CRIMINAL HISTORY INVESTIGATION FOR HOUSING SERVICES

I, consent to allow the Fond du Lac Band of Lake Superior Chippewa to request and obtain information pertaining to my criminal history from any legally available sources for the purpose of verifying my eligibility for housing services from the Fond du Lac Band of Lake Superior Chippewa in accordance with Fond du Lac Ordinance #02/09.

This consent expires fifteen (15) months after signed.

Date: _____

Full legal Name: (Last, First, Middle)

Aliases: _____

Date of Birth: _____

Signature: _____

.....
OFFICE USE ONLY

Housing Staff who completed check: _____ Date: _____

Results: _____

CERTIFICATION OF ENROLLMENT

I/We understand that Fond du Lac Reservation housing policy requires verification of tribal enrollment status for all household members. Therefore, I give Tribal Administration my permission to provide the Housing Division with verification of enrollment.

Signature of adult (18 yrs. of age or older)

Signature of adult (18 yrs. of age or older)

Date

Date

Signature of adult (18 yrs. of age or older)

Signature of adult (18 yrs. of age or older)

Date

Date

Print name and date of birth for all family members, including Head of Household

Name: _____

Name: _____

DOB: _____

DOB: _____

Enrolled: Yes _____ No _____

Enrolled: Yes _____ No _____

Tribal affiliation: _____

Tribal affiliation: _____

Name: _____

Name: _____

DOB: _____

DOB: _____

Enrolled: Yes _____ No _____

Enrolled: Yes _____ No _____

Tribal affiliation: _____

Tribal affiliation: _____

Name: _____

Name: _____

DOB: _____

DOB: _____

Enrolled: Yes _____ No _____

Enrolled: Yes _____ No _____

Tribal affiliation: _____

Tribal affiliation: _____

Name: _____

Name: _____

DOB: _____

DOB: _____

Enrolled: Yes _____ No _____

Enrolled: Yes _____ No _____

Tribal affiliation: _____

Tribal affiliation: _____

I certify that the information provided above is correct, to the best of my knowledge.

Signature & Title (Tribal Administration)

Date

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household		Date	
Social Security Number (if any) of Head of Household	Date	Other Family Member over age 18	Date
Spouse or Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-424-8590. (Within the Washington, D.C. Metropolitan Area, call 426-3500).

After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act statement for more information about its use.

Penalties for Misusing the Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9866. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)	Social security number																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> </tr> </table>											-		-		-		-		-	
-		-		-		-		-													
	Employer identification number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> </tr> </table>											-		-		-		-		-	
-		-		-		-		-													

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	
Sign Here	Signature of U.S. person ▶ _____
	Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Security Deposit Refund Request

I agree to refund the original Security Deposit paid on behalf of

_____ (name of tenant)

to the Fond du Lac Housing Division, 932 Trettel Lane, Cloquet, MN 55720 when the unit is vacated.

If a portion of the Security Deposit is not returned, I will include a detailed statement regarding the amount deducted and for what purpose.

Signature of Landlord

Date

****This form must be signed and returned to FDL Housing along with the W-9 and the signed lease. Please call 218.878.8050 if you have any questions.**