



Keweenaw Bay Ojibwa Housing Authority

220 Main St. #26, Baraga, MI 49908
(906) 353-7117 Fax (906) 353-7623

APPLICATION FOR MARKET RATE RENTAL HOUSING

Applicant: _____	Date: _____
Address: _____	Phone: _____

Our goal is to provide our community with clean, safe and adequate housing. When filling out this application, please do so completely, neatly and sign. All of our applications are reviewed based on ability to pay rent and are on first come-first serve basis.

*PLEASE PROVIDE PROOF OF INCOME

Number of Bedrooms needed: _____

Number of People that will be living in home: _____

Locations preferred: _____

Employee Accepting Application: _____

Date & Time Received: _____

**OJIBWA HOUSING AUTHORITY MARKET RATE
RENTAL APPLICATION
Equal Housing Opportunity**

The undersigned hereby makes an application to rent unit # _____ located at:

TELL US ABOUT YOURSELF

Date: _____

Full Name _____ Home Phone () _____

Date of Birth _____ Social Security # _____

Other Phone () _____

Co-Applicant Name _____

Co-Applicant Date of Birth _____ Social Security # _____

Names of Dependents/other household members _____

1. _____ 2. _____

3. _____ 4. _____

List All Pets _____

GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____

City _____ State _____ Zip _____ Year Moved In _____

Owner/Landlord _____

Reasons for Leaving _____

Previous Address (last 3 years) _____

Reasons for Leaving _____

Owner/Landlord _____

DESCRIBE YOUR RENTAL HISTORY

Have you ever been evicted from a rental residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

Do you have any outstanding utility bills? Yes _____ No _____

Have you ever lived in or rented from Ojibwa Housing? Yes _____ No _____

PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed

Employer _____

Dates employed _____ Employed as _____

Phone () _____ Salary \$ _____ per _____.

If employed by above less than 12 months, give name & phone of previous employer/school _____.

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) Who we may contact for confirmation.

Amount \$ _____ Source/Contact _____

LIST YOUR REFERENCES

Name _____ Phone () _____

Name _____ Phone () _____

Personal Reference or Emergency Contact:

Name _____ Address _____

Phone _____ Relationship _____

ADDITIONAL INFORMATION

Please give any additional information that might help owner/management evaluate this application?

AUTHORIZATION

Release of Information

Consent: I agree to permit an investigation of my tenant history, and income for the purposes of renting a Market Rate Rental Unit with Ojibwa Housing Authority.

Conditions: This authorization will stay in affect for a year and one month from the date signed.

X _____
Signature(Head of Household) _____ Date _____

X _____
Signature(other adult) _____ Date _____

APPLICANT PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$ _____ Received by _____ Date _____

OFFICE NOTES: _____

The Ojibwa Housing Authority is a Native American Preference and Equal Opportunity Provider and Employer TDD: (800) 649-3777

Notice

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).