Temporary

VOS AFFORDABLE HOUSING PROGRAM

RENTAL ASSISTANCE APPLICATION

The Village of Solomon has approved a sub-program within their first Affordable Housing Strategic Plan to include

Must be an enrolled Village of Solomon tribal member

- 1. Must be working with a licensed, bonded and insured builder
- 2. Must be working with a rental/property management agency
- 3. Must have lease/rental agreement to provide
- 4. Must have sources of income and deposits/pay stubs to show
- 5. Must complete this application in full
- 6. Must have knowledge of other rental resources available in your area and explain to VOS staff should you need access to those resources later

Please read these helpful tips:

Make sure you do a full walk through in the property address to ensure it is safe, healthy, & clean

As you tour the community outside the apartment, make sure to pay attention to the general appearance of the apartment complex. Choose a place that's neat, clean, and well-maintained because it shows management pays attention to details, and details matter when it comes to the safety and security of your home.

How to choose the right apartment?

H	low to C	hoose an <i>i</i>	∆nartment∙ 🎗	Stens to Ma	ake a Wise Choice I.
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- 1. Pick the Right Neighborhood. ...
- 2. Consider Your Rental Budget. ...
- 3. Prioritize Your Wish List. ...
- 4. Think About Your Lifestyle. ...
- 5. Scour the Listings. ...
- 6. Schedule a Showing. ...
- 7. Negotiate Your Rent. ...
- 8. Look Over the Lease Terms.

have reviewed and/or	applied to <u>the r</u> es	sources liste	d on th	ne Village o	f Solomo	n websit	e under	'Housing	, •
Resources'	Yes	No							
List the submitted applic	cations:	_							

VILLAGE OF SOLOMON RENTAL ASSISTANCE APPLICATION

Applicant Name:		Date:	
Tribal Enrollment #:	Phone Numbe	er:	_
Date of Birth:			
Applicant Employer:			
Job Title:			
Length at Employer	yrs	months	
Applicant Physical Addre	ess		
Street:		City	
State		Zip Code	_
Mailing Address: If same	e as physical, check box		
Street/PO Box :			
City	State	Zip Code	
Household Information: How many persons in he Please use back side if more Full Name	ousehold?	(excluding applicant) AN/AI – YES OR NO	
		<u>. </u>	
HOW MUCH ARE YOU R	EQUESTING?		
Explain the amount:			

Rental Agency/Landlord Information			
Name of Housing/Property Manager			_
Phone Number:			
Email Address:			
Mailing Address of Property:			
Length of Lease:			
Do you understand the requirements/cr	riteria within this lea	se agreement??	
Yes No			
Source(s) of Income:			
Monthly Rent:			
How will you pay rent each month throu	ughout your lease/re	ental agreement?	
Physical Address of Home			
Street			
City:	State	Zip	
I understand that this Rental assistance successfully establishing and/or sustaini recognizing affordable housing as a nee	ing my residence fol	lowing the acknowledger	•
I,, here this application for rental assistance, promy rental payments on time to avoid evincluding but not limited to; contacting VOS office for outside resources, etc.	ovided by the Village viction status and wil	e of Solomon. Additionally I seek available resources	, I further agree to make to avoid such a status,

I understand the Village of Solomon trusts in good faith, that I have the capacity to fulfil my rental agreement, maintenance and have acquired the knowledge and education in maintaining my income, my home and all other tenant responsibilities. Any false information provided, is subject to immediate denial of my application					
Furthermore, if my application is approved, VOS staff will we provide direct payments.	ork with the property management company to				
Applicant Name Printed	Date				
Applicant Signature	_				