HOMESITE APPLICATION UPDATE FORM

Name:				
First	Middle	La	st	Suffix
arollment #: Date of Birth:				
Address: P.O. Box or Street	City	,	State	Zip
Phone #:		essage #:		-
Individuals under the age of 18 o household: (Full name and date	-	of 59 <u>permaner</u>	<u>ntly</u> residing in the	;
My Current housing status: (Circle One)	Rent	Own	Homeless	
<u>Are you Disabled?</u> No Ye (Circle One)	s (Please atta	ach proof if you	ı have not already	v done so.)
 Do you have the means (financial (Circle One) If yes, please describe bel own house or trailer? Etc. 	ow: (ex. letter f	-		Yes No ncy, etc.,
My area of preference is:				
Are you a Permanent resident of	the Flathead R	eservation?	Yes No	

I understand that it is **my responsibility** to notify the Tribal Lands Department of **any** changes in the information I have given.

I understand that if the Lands Department attempts to contact me and I am unavailable, the homesite office will move down the list to the next eligible applicant in line.

If you have any further comments you would like the Homesite leasing office to be aware of, please list them below:

By signing below, I am confirming that I have read and understand the information requested by the Tribal Lands Department.

Signature:	Date:
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