



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS  
HOUSING DEPARTMENT**  
7500 Odawa Circle  
Harbor Springs, MI 49740  
Tele: (231) 242-1540 Fax: (231) 242-1550  
TDD: (800) 649-3777



Dear Applicant:

RE: Short Term Rental Assistance

We are in receipt of your request for short term rental assistance. Enclosed please find:

- + Service Area Map- Application – *You must be moving into; or residing within the service area*
- + Application – *Applicant must complete, sign and date*
- + Release of Information – *Applicant must complete, sign, and date.*
- + Rental Grant Agreement – *Applicant must provide Name, Tribal Membership #, and complete address of the new apartment/house you interested in renting. Applicant and landlord must also sign and date.*
- + W-9 Form – *This form is to be completed by the new Landlord*

When returning your **Application**, and **Release of Information**, **Rental Grant Agreement**, and **W-9**, you are **required** to include a copy of your **Tribal ID** and **Income verification** for **all** household members.

The Short Term Rental Assistance can be utilized **only one time** and the maximum amount for the Security Deposit and First Month's rent cannot exceed \$1,500.00. Additional charges such as last months rent and carpet cleaning fees will be your responsibility. Any amount of Security deposit exceeding the regular monthly rental rate will also be your responsibility.

Eligibility is determined by the household income and the monthly rental amount of your new rental. Please keep in mind that monthly rent cannot exceed 35% of your total monthly gross household income. It is imperative to submit all required documentation as soon as possible to prevent delays in processing and payment.

If you are in need of assistance, please feel free to contact the Housing Department @ (231) 242-1540 and we will be happy to assist you.

Respectfully,

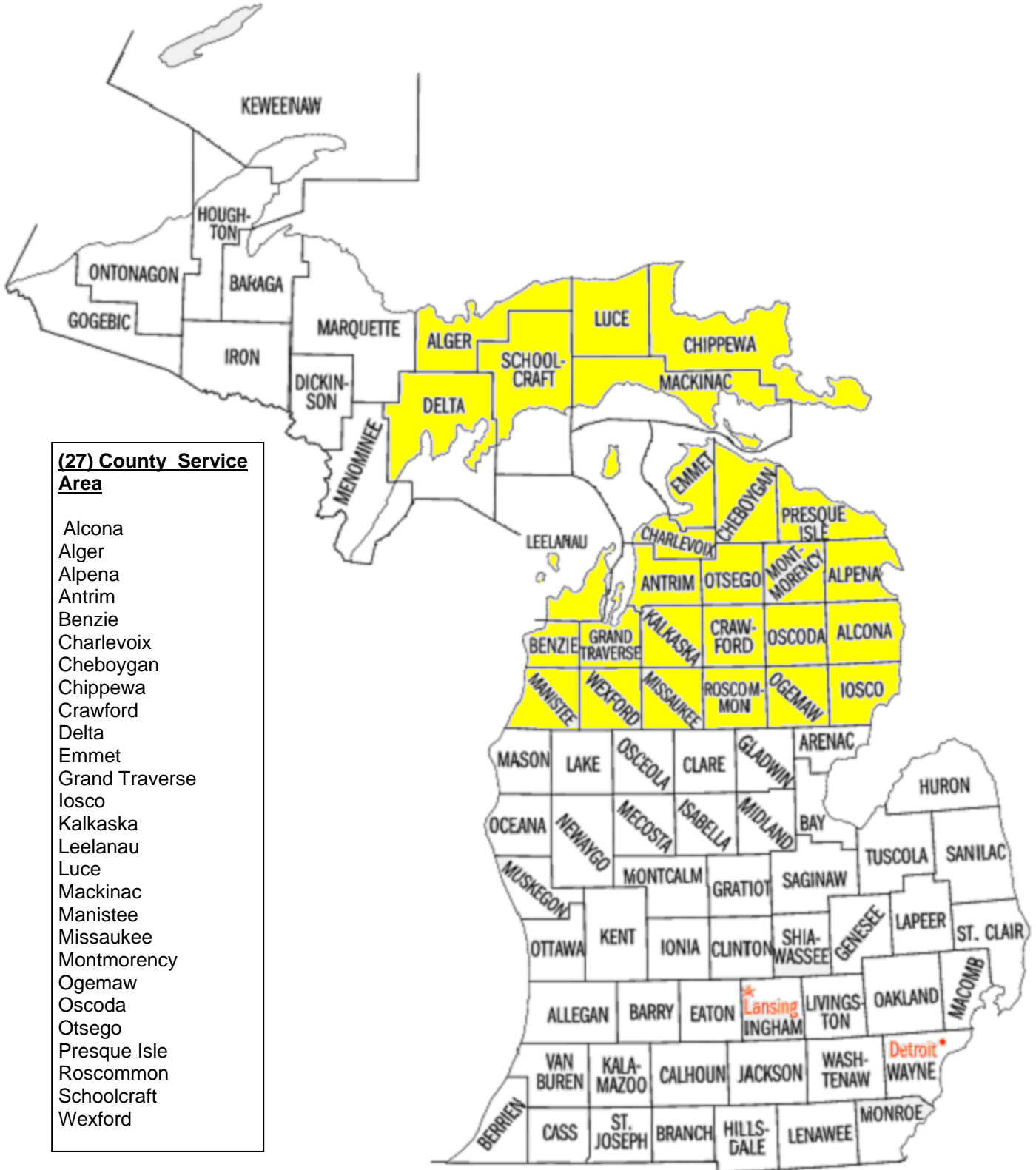
**Short Term Housing  
Tribal Rentals**



"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-5964 (TDD)."



# LTBB 27 County Service Area



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)**  
**Housing Department**  
**Short Term Rental Program Application**

The housing assistance provided from this application is authorized by the Native American Housing Assistance and Self Determination Act of 1966 (NAHASDA) and the rules published to implement the Act. The LTBB Housing Department Indian Housing Plan includes a general mission to serve the needs of the low-income families in the jurisdiction of the tribe. Section 201(b) 4 of NAHASDA allows preference for tribal members and other Indian families. All questions in this application must be answered. All information is held in strict confidence in accordance with laws of LTBB

**A. APPLICANT INFORMATION**

1. Name: \_\_\_\_\_  
Last First MI Any other name known by

2. Address: \_\_\_\_\_  
Current Street/Hwy/County Rd P.O. Box County

\_\_\_\_\_

City State Zip

3. Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Tribe in which applicant is enrolled: \_\_\_\_\_ Enrollment No: \_\_\_\_\_

7. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other (Explain) \_\_\_\_\_

8. Are you willing and able to sign at least a six (6) month lease with your landlord?  Yes  No

9. Will the rental unit you acquire be the primary residence of you and everyone listed on this application?  Yes  No

10. Do you already occupy the rental unit that you are requesting assistance with?  Yes  No

11. Have you already paid the first month's rent and/or the security deposit?  Yes  No

**B. HOUSEHOLD INFORMATION**

Please list ALL of the people that will occupy the rental unit, including the head of household. Attach an Additional sheet if necessary

First & Last Name	Birth date	Social Security #	Relationship	Tribe	Enroll No.
			Head of House		

12. Are you or your family currently homeless? Yes No
13. Have you or any household member received any type of housing assistance from another federally recognized Native American Tribe? Yes No
14. Have you or any household member received any type of housing assistance from the LTBB Housing Department in the past? Yes No
15. If applicable, provide the name of the person from questions 13 & 14 who received housing assistance  
Name: \_\_\_\_\_

Date & Type of Assistance: \_\_\_\_\_  
\_\_\_\_\_

**C. INCOME INFORMATION**

15. **Income Before Deductions:** Estimate the gross income anticipated for ALL household members From ALL sources of income for the next twelve (12) months. Please see the enclosed income Verification policy for any questions about income. Specify all sources

Household Member Name	Hourly wage or monthly allotment	Name & Address of Employer or Source of Income	Gross Annual Income
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**Total Annual Income:** \$ \_\_\_\_\_

**D. APPLICANT CERTIFICATION:** *(Read this certification carefully before you sign and date.) Sign in ink.*  
By signing this application, I certify that all answers are true, complete, and correct to the best of my knowledge.  
I understand that by giving false information may be grounds for denial of my application.

*\*IF THE ASSISTANCE YOU HAVE APPLIED FOR IS NOT AVAILABLE AT THE TIME OF APPLICATION, YOUR APPLICATION WILL BE PLACED ON A WAITING LIST. THE LTBB HOUSING DEPARTMENT KEEPS A WAITING LIST FOR HOUSING GRANT PROGRAMS THAT REFLECTS TRIBAL PREFERENCE.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b><u>LTBB HOUSING USE ONLY</u></b>	
Received By: _____	Date: _____
	Time: _____

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS**  
**Housing Department**  
**7500 Odawa Circle**  
**Harbor Springs, MI 49740**

**NAHASDA RENTAL GRANT AGREEMENT**

I, \_\_\_\_\_, a member of the little Traverse Bay Bands of Odawa Indians, ROLL NO: \_\_\_\_\_, hereinafter referred to as "Grantee", in consideration for being awarded a **one time only**, short term rental assistance grant from the Little Traverse Bay Bands of Odawa Indians Housing Department NAHASDA account, do hereby agree to the condition on which this grant is made and received. Therefore be it known, I hereby request first months rent and/or security deposit for the premises located at:

\_\_\_\_\_  
Street Address City, State Zip

As Grantee, I understand that this grant is made subject to all the rules and regulations now or in the future contained in 24 CFR, Part 1000, NAHASDA of 1996, Section 201 (b)(4) that allows for the preference of LTBB Tribal Members or other Native American families.

I, \_\_\_\_\_, Landlord, hereby agree to rent to:

Tenant(s)  
Name: \_\_\_\_\_  
Beginning the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Term of Lease:  6 months  1 year **(No monthly rentals permitted)**  
Utilities Included?  Yes  No

Be in agreement that the tenant(s) will pay the landlord(s) an amount of:

Security Deposit \$ \_\_\_\_\_

Monthly Rental \$ \_\_\_\_\_

And a like amount on the \_\_\_\_\_ day of each month.

Upon termination of any lease agreement the full amount of the said security deposit (minus any amounts for damages or unpaid rent) will be **returned** to the LITTLE TRAVERSE BAY BANDS HOUSING DEPARTMENT – NAHASDA accounts. **The lease referred to herein is between grantee and landlord(s) and any restitution or damages beyond security deposit paid shall be between named landlord(s) and tenant. ATTENTION LANDLORDS: LTBB DOES NOT SCREEN TENANTS THAT REMAINS THE RESPONSIBILITY OF THE LANDLORD.**

Grantee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Applicant)

Landlord(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Landlord)

\_\_\_\_\_  
Address of Landlord Telephone Number: \_\_\_\_\_

*The goals and objectives of the Little Traverse Bay Bands of Odawa Indians is to meet the needs named in the tribal department's mission statement. This includes meeting short term rental needs and to provide home ownership opportunities to eligible participants.*

Authorized LTBB Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

Housing Department  
7500 Odawa Circle  
Harbor Springs, MI 49740



**RELEASE OF INFORMATION AGREEMENT**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Maiden Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
(Street) (P.O. Box) (County)  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Work Phone Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Drivers License Number: \_\_\_\_\_

**I hereby authorize my confidential benefit information to be released from the Social Security Administration and/or to release any confidential information between the agencies listed in this agreement:**

Applicant / Client Signature: \_\_\_\_\_ (Date)

Co-Applicant Signature: \_\_\_\_\_ (Date)

**Agencies Releasing Information To Each Other**

Little Traverse Bay Bands of Odawa Indians  
7500 Odawa Circle  
Harbor Springs, MI 49740  
Phone No: (231) 242-1540  
Fax No: (231) 242-1550  
Law Enforcement Agencies  
Courts and Post Office  
Tribal Social Services  
Family Independent Agency  
Current and Previous Employers

Utility Companies  
Credit Providers / Bureaus  
Current & Previous Landlords  
Little Traverse Bay Band Departments  
Support and Alimony Providers  
Child Care Providers  
Retirement Systems  
Social Security Administration  
State and Federal Lending Programs  
Michigan Works/Unemployment Office