



**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: LTBB Tribal Member

RE: Foreclosure Prevention Assistance

We are in receipt of your request for foreclosure prevention assistance. Program provides up to \$3,000 to bring mortgage or land contract current.

Enclosed please find the following documents:

1. Service Area Map – *You must reside within the service area.*
2. Application – *Applicant must complete, sign, date and return.*
3. Release of Information – *Applicant must complete, sign, date and return.*
4. Foreclosure Prevention Assistance – Grant Agreement – *Applicant must complete, sign, date and return.*

When returning your Application, Release of Information, and Foreclosure Prevention Assistance Grant Agreement, you are required to submit:

1. A copy of your Tribal ID
2. Foreclosure Notice Letter from Lender
3. Income verification (2 most current stubs)
4. Written explanation of the following:
 - a) What happened to cause the foreclosure
 - b) What are you going to do to insure it does not happen again?

It is imperative to submit all requested documentation as soon as possible to prevent delays in processing your application.

If you are in need of further assistance, do not hesitate to contact the Housing Department and we will be happy to assist you.

Sincerely,

Linda Kaye Rowland
Housing Programs Specialist
(231) 242-1545



“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).”



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)
Housing Department
Foreclosure Prevention Assistance 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. Is the home being foreclosed upon your primary residence and the primary residence of all the people listed on this application? Yes No

9. How many months behind is your mortgage? One(1) Two (2) Three (3) More

10. Is there more than one (1) mortgage on your property? Yes No

11. Are you or your spouse currently employed? Yes No

12. Please list your email address: _____

B. HOUSEHOLD INFORMATION

Please list ALL of the people that will occupy the home, 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. Do you believe your current mortgage exceeds the appraised value of your home? 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 question 13 & 14 who received housing assistance
Name: _____

Date & Type of Assistance: _____

C. INCOME INFORMATION

16. **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:** _____

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



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FORECLOSURE PREVENTION ASSISTANCE – GRANT AGREEMENT

The grant assistance which will be provided will be in the amount specified in the FORECLOSURE PREVENTION ASSISTANCE Program policies.

I, _____, member of the Little Traverse Bay Bands of Odawa Indians, Roll #: _____ herein after referred to as “Grantee”, in consideration for being awarded a Grant in an amount not to exceed \$3,000.00 from the Little Traverse Bay Bands of Odawa Indians, Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) Indian Housing Block Grant, in accordance with the Indian Housing Plan, hereby agree to the following conditions on which the grant is made and received:

Grantee understands that the grant is made subject to all regulations now or in the future contained in 24 CFR, Part 1000, Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) Final Rule.

Grantee further understands that the actual amount of the grant received will be for reinstating their current mortgage and any costs associated with that.

IT IS THE RESPONSIBILITY OF THE GRANTEE TO:

- Provide the LTBB Housing Department with copies of all documents pertinent to the foreclosure on their mortgage. (i.e. copies of: correspondence from the lender and/or their attorney, etc.)
- The Homeowner must insure the home is of sound “standard” condition with fully operable plumbing and 220 Electrical power. (i.e. Mobile Homes must be skirted and any other provisions to prevent freezing in winter)
- **Upon distribution of the grant dollars the applicant will be responsible for the continuing mortgage payments.**

RECAPTURE CLAUSE

Grantee hereby acknowledges and accepts the following Recapture Clause:

- The Grant shall be fully forgiven at the end of year five (5).
- If the Grantee’s name is removed from the property deed in the first five (5) years after awarding the Grant under the Down Payment Assistance Program, the **RECAPTURE** shall be made as follows:
 - **0 – 3 years, RECAPTURE FOR THE FULL GRANT AMOUNT**
 - **4 – 5 years, RECAPTURE 75% OF THE GRANT AMOUNT.**

APPLICANT ACKNOWLEDGEMENT

I, _____, acknowledge that the foregoing conditions have been fully explained to me, and further attest that I understand and agree to them. I also understand that a copy of this agreement is to be given to me for my records.

Applicant’s Signature: _____

Date: _____

LTBB Authorized 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
Schools and Colleges
Support and Alimony Providers
Child Care Providers
Retirement Systems
Social Security Administration
State and Federal Lending Programs
Michigan Works/Unemployment Office**

LTBB 27 County Service Area



(27) County Service Area

- Alcona
- Alger
- Alpena
- Antrim
- Benzie
- Charlevoix
- Cheboygan
- Chippewa
- Crawford
- Delta
- Emmet
- Grand Traverse
- Iosco
- Kalkaska
- Leelanau
- Luce
- Mackinac
- Manistee
- Missaukee
- Montmorency
- Ogemaw
- Oscoda
- Otsego
- Presque Isle
- Roscommon
- Schoolcraft
- Wexford