



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
HOUSING DEPARTMENT**

7500 Odawa Circle
Harbor Springs, MI 49740
Tele: (231) 242-1540 Fax: (231) 242-1550
TTY 7-1-1



RE: LTBB U.S.D.A. Elder Rental Unit

Aanii Applicant

Thank you for your interest in Elder Housing Assistance. Enclosed please find:

- Application – Applicant must complete, sign and date.
- Release of Information – Applicant must complete, sign, and date.

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

Once we have received the above-mentioned documentation, we will review and certify eligibility. Eligibility is determined by the household income and age of applicant. Income must fall within the USDA Income Limits. Monthly rental amounts are based on household income.

Once pre-qualification has been confirmed, you name shall be placed on our Waiting List. Once a unit becomes available and your name appears at the top of the list, we will contact you regarding the completion of your enrollment package.

It is imperative to submit all required documentation in order to remain active on the Waiting List.

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

Please be aware that under Federal Law, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments at no cost to themselves.

We will be contacting you annually to determine if you are still interested in remaining on the rental waiting list. If you do not confirm your continued interest at this time, you will be removed from the waiting list. It is imperative that you keep your contact information current so that we can contact you every 6 months.



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U.S.D.A. ELDER UNITS APPLICATION

Please fill out application completely. All information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

LTBB is an equal opportunity provider and employer. Indian preference is permissible under Federal and LTBB Tribal Law.

Date: _____ Tribe: _____ Enrollment No. _____

Ethnicity: _____ **Hispanic** _____ **Non-Hispanic**

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Apt. No.: _____

City, State, Zip: _____

Telephone: _____

RESIDENCY

Current Landlord

Previous Landlord

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Telephone: _____ Telephone: _____

Length of Residency: _____ Length of Residency: _____

Monthly Payment: \$ _____ Reason for Moving: _____



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HOUSEHOLD INFORMATION

List all persons OTHER than the applicant living in your household.

NAME: _____ DOB: _____
RELATIONSHIP: _____ TRIBE/ENROLL# _____
ETHNICITY (Hispanic): _____ Yes _____ No

NAME: _____ DOB: _____ SOCIAL SECURITY #: _____
RELATIONSHIP: _____ TRIBE/ENROLL# _____
ETHNICITY (Hispanic): _____ Yes _____ No

INCOME VERIFICATION

Earned Income – Start with applicant then list other household members who have EARNED income.

NAME	EMPLOYER NAME & CITY, STATE	ANNUAL INCOME
		\$
		\$
		\$

Total Annual EARNED Income \$ _____

Unearned Income – (i.e. *Social Security, Retirement/Pension, Disability, Unemployment Benefits, Child Support, Alimony Royalties, Per Capita Payments, etc.*). Start with applicant then list other household members who have UNEARNED income.

NAME	EMPLOYER NAME & CITY, STATE	ANNUAL INCOME
		\$
		\$
		\$

Total Annual EARNED Income \$ _____



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ASSET INFORMATION

NAME OF BANK	ACCOUNT #	BALANCE	INTEREST RATE	DIVIDENDS	REAL ESTATE

Total Annual EARNED Income \$ _____

Have you disposed of any assets in the last two years? _____ Yes _____ No
If yes, please list asset and value received.

TYPE OF ASSET DISPOSED OF	VALUE OF ASSET	AMOUNT RECEIVED

Do you own property? _____ Are you renting out this property? _____

Do you own a vehicle? ____ Yes ____ No How Many? _____ Type of Vehicle(s)? _____

REFERENCES

Personal (1) Name: _____ Personal (2) Name: _____
 Address: _____ Address: _____
 City, State, Zip: _____ City, State, Zip: _____

MISCELLANEOUS BACKGROUND INFORMATION

Do you own the home you are currently living in? _____ Yes _____ No
If yes what is monthly payment? \$ _____



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Have you ever committed fraud in an subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No

Do you or any members of your household currently engage in illegal use of a controlled substance or have you been previously convicted of the same? Yes No

Have you or any members of your household been convicted for illegal manufacture or distribution of a controlled substance? Yes No

If you answered “yes” to either of the last two questions, have you successfully completed a controlled substance abuse program or are you enrolled in such a program? Yes No

Explain: _____

Please be aware, that a barrier free unit will have features that are designed specifically for a person that has physical disabilities and may be confined to a wheel chair for some, if not all of the time.

Do you or members of your household require the amenities associated with a barrier free unit? Yes No

APPLICANT CERTIFICATION

I certify that all the answers given are true, complete and correct to the best of my knowledge. This certification is made with the knowledge that the information will be used to determine eligibility to receive LTBB Housing Assistance. I certify that the rental unit which I/We will occupy will be my/our permanent residence and that I/We do not and will not maintain a separate rental unit in a different location.

Applicant’s Signature: _____ Date: _____

Co Applicant’s Signature: _____ Date: _____

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 TRIBAL RENTALS THAT IS MAINTAINED BY BOTH INCOME AND TIME OF APPLICATION.
LTBB HOUSING USE ONLY

LTBB HOUSING USE ONLY*

Received By: _____ Date: _____ Time: _____



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ZERO INCOME CERTIFICATION

(To be completed by **adult** household members, if applicable)

Applicant Name: _____

Applicant Address: _____

1. I hereby certify that I **do not** individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
- b. Income from operation of a business.
- c. Rental income from real or personal property.
- d. Interest or dividends from assets.
- e. Social Security payments, annuities, insurance policies, retirement funds, Pensions, or death benefits.
- f. Unemployment or disability payments.
- g. Public assistance payments.
- h. Periodic allowances such as alimony, child support or gifts received from persons not living in my household.
- i. Sales from self-employed resources (Avon, Mary Kay, EBay, etc.).
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of the LTBB Housing Application they are currently associated with.

Signature of Applicant/Resident

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) **Michigan** _____ (State) _____ (Zip)

Home Phone Number: _____ - _____ - _____

Work Phone Number: _____ - _____ - _____

Drivers License Number: _____

I hereby authorize my confidential information to be released 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
 Housing Department
 7500 Odawa Circle
 Harbor Springs, MI 49740
 Phone No: (231) 242-1540
 Fax No: (231) 242-1550

Financial Institutions
 Chase Bank
 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
 Current and Previous Employers

Law Enforcement Agencies
 Courts and Post Office
 LTBB Human Services, Enrollment, Accounting,
 Behavioral Health, and Elders Departments.
 Family Independence Agency
 Michigan Department of Health & Human Services

This institution is an equal opportunity provider.





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Statement of Nondiscrimination

In accordance with Federal Civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity, (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632 9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690 -7442; or
- (3) Email: programintake@usda.gov



USDA is an equal opportunity provider, employer, and lender.





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**LTBB HOUSING
INCOME VERIFICATION PROCESS & SCREENING PROCEDURES**

I. PURPOSE OF THIS PROCEDURE:

To insure that the LTBB Housing Department calculates annual income in a fair and consistent manner that also complies with any grant requirements that the LTBB Housing Department is responsible for.

II. DEFINITIONS:

- A. **Applicant:** The LTBB Citizen that completes and submits a grant application to LTBB Housing.
- B. **Census Definition of Income:** Annual income as reported under the U.S. Census long form for the most recent available decennial Census. This means the definition of income used by the census, not the dollar amount reported. (See attachment B)
- C. **Grant Recipient(s):** The LTBB Citizen applicant specific to the grant application that was submitted for review, along with any LTBB Citizens listed on the application as full-time members of the home.
- D. **I.R.S. Income:** Adjusted Gross Income as defined for purposes of reporting under Internal Revenue Services Form 1040 series for individual Federal annual income tax purposes. (See attachment C)
- E. **Master List of Grantees:** The database maintained by the LTBB Housing Department that will list all LTBB Housing Grant Applicants and the ending status of their application.
- F. **Section 8 Limits:** Annual Income as defined for HUD's Section 8 programs in 24 CFR part 5, subpart F. (See attachment A)
- G. **Tenant:** Any person that has signed a lease to live in a residence that is owned and or operated as a rental unit by the LTBB Housing Department.



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H. **Yearly Journal:** The internal list maintained for each LTBB Housing Grant that will list all applicants for the specific grant.

III. MANAGEMENT:

All LTBB Grant programs are managed by the LTBB Housing Department.

IV. FUNDING:

The housing programs covered by this procedure are funded by the NAHASDA Block Grant.

V. INCOME:

The LTBB Housing Department will define income by either the Section 8 limits, the Censes Definition, or the I.R.S. Definition. The choice of which definition to use belongs to the LTBB Housing Department and will be made so as to be the most advantageous to LTBB Housing:

VI. NAHASDA INCOME EXCLUSIONS:

Section 4 (9) of NAHASDA defines the term “income” as income from all sources of each member of the household as determined in accordance with criteria prescribed by HUD, except that the following amounts may not be considered as income:

- A. Any amounts not actually received by the family.
- B. Any amounts that would be eligible for exclusion under Section 1613(a)(7) of the Social Security Act. This relates to certain amounts received from the United

States that are attributable to underpayments of benefits due for one or more prior months under the Social Security Act.

- C. Any amounts received by any member of the family as disability compensation under Chapter 11 of Title 38, United States Code, or dependency and indemnity compensation under chapter 13 of such title. This relates to amounts received from the Department of Veterans Affairs by a family for service-related disabilities of a member of the family, and survivor benefits.

VII. FEDERALLY MANDATED EXCLUSIONS:

Federally mandated exclusions are amounts specifically excluded under other Federal statutes from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under NAHASDA. This list of exclusions can be found in attachment D.

VIII. INCOME VERIFICATION:

Indian Housing Block Grant regulations require the recipient to verify that a family is income eligible based on anticipated annual income. The family's annual income may not exceed the applicable income limit. The family is required to provide income documentation to verify this determination. For this purpose, the following guidelines will be used:

- A. Hourly rates will be multiplied by 40 hours to acquire a weekly gross amount. This amount will be multiplied by 52 to acquire an annual gross amount. If the applicant can document that fewer weekly hours are worked or less weeks per year are worked then we will calculate the amounts accordingly.
- B. If tips are reported on the check stubs provided, we will total the amount of tips on all checks provided, then divide that amount by the number of checks used to acquire it. This average weekly amount will be multiplied by 52 weeks to acquire an annual gross amount. If the applicant is employed less than 52 weeks and we can document this with the employer then we will calculate accordingly.
- C. If overtime amounts are reported on the check stubs provided, we will total the amount of overtime on all checks provided, then divide that amount by the number of checks used to acquire it. This average weekly amount will be multiplied by 52 weeks to acquire an annual gross amount. If the applicant is employed less than 52 weeks and we can document this with the employer then we will calculate accordingly.

- D. Applicants reporting self-employment income must submit the previous year's tax documents as verification of income, along with a current monthly statement of the business revenue and expenses.
- E. Any income received monthly will be multiplied by 12 to acquire an annual gross amount.
- F. Unemployment will be calculated by multiplying the weekly benefit by the number of benefit weeks that the applicant has left to claim.
- G. Any person listed on the application that is reporting zero income must complete a LTBB Housing Zero Income Verification form.
- H. LTBB Housing staff will complete the Housing Department's Standard Income Calculation form for every member of the home that has reportable income.



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TENANT BACKGROUND CHECK PROCEDURES

1. PURPOSE OF THIS PROCEDURE:

To insure that the LTBB Housing Department maintains a safe and crime free environment in our housing units and to screen tenants that may be prone to causing the LTBB Housing Department undue financial hardship.

2. CRIMINAL HISTORY:

- Criminal history reports will be obtained only on those applicants that have been offered and have accepted a rental unit from the LTBB Housing Department.
- Upon receipt of an acceptance letter from a prospective tenant, the designated housing staff member will submit a request to the agency that currently performs tenant screening checks for the LTBB Housing Department. A report will be requested from every adult member of the household.
- The criminal history report will include both civil and criminal information.
- The criminal history reports will be kept in a locked file in the office of the LTBB Housing Director.

3. PREVIOUS LANDLORD INTERVIEWS

- The applicant will provide the LTBB Housing Department with the names and contact information for all of the landlords that they have had in the previous 18 months.
- The designated LTBB Housing staff member will make contact with all previous landlords listed and conduct an interview to assess if the tenant posed a burden or hardship during the time they were a tenant there.
- Interview questions will include, but are not limited to:
 - Is there account paid in full
 - Did they pay rents on time and in full
 - Was a security deposit collected and if so, how much was returned
 - If security deposits were kept, why were they kept
 - Where there ever any complaints filed against the tenant
- All interview findings will be documented in a report that will be kept in the applicants file.



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TENANT BACKGROUND CHECK PROCEDURES

4. BACKGROUND FINDINGS

The following items are grounds for an applicant's request for residency to be denied.

- Any felony convictions in the previous seven (7) years
- Any convictions for crimes of a "sexual" nature
- Any convictions for crimes that demonstrated violence toward other people
- Any prior evictions, unless extenuating circumstances can be proven. This will be at the discretion of the LTBB Housing Director
- An established history of late rents, at the discretion of the LTBB Housing Director
- A history of complaints against the applicant, at the discretion of the LTBB Housing Director
- If the applicant has been evicted from a LTBB Housing Unit in the last seven (7) years or still has a balance owing the LTBB Housing Department

NOTE: The Little Traverse Bay Bands of Odawa Indians Housing Department is bound by Federal Law and Little Traverse Bay Bands of Odawa Indians Tribal Law, Statutes, Policies and Procedures. The Housing Department staff is not authorized to make any exceptions to Federal Law, Little Traverse Bay Bands of Odawa Indians Tribal Law, Statutes, Policies or internal procedures.