



**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 Tribal Rental Unit

Aanni Applicant

Thank you for your interest in the rental units owned and operated by the Little Traverse Bay Bands of Odawa Indian. Please find enclosed:

- Application – Applicant must complete, sign and date.
- Release of Information – Applicant must complete, sign, and date.
- LTBB Housing Income Verification Procedure
- LTBB Housing Background Check Procedure

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. Please see the enclosed LTBB Income Verification Procedure as to what is required to be submitted with your application.

Once we have received the above-mentioned documentation, we will review and certify eligibility. Eligibility is determined by the household income, as calculated by the LTBB Housing Department. Annual Income must fall within the H.U.D. Income Limits.

Once all the required documentation has been received, and pre-qualification has been confirmed, your name shall be placed on our Tribal Rental Waiting List. Once a unit becomes available and your application is determined to be next in line, we will contact you regarding the vacancy.

We will be contacting you every 6 months 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.

We also wish to make you aware that in order to be a tenant of the LTBB Housing Department, every adult member of the home must submit to a criminal history check. Please see the enclosed, Tenant Background Check Procedure, for items that will exclude you from being one of our tenants.

It is imperative to submit all required documentation in order to be placed on our active Waiting List. After you have applied, and any of your contact information changes we request that you update your application with the LTBB Housing Department.

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.



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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. _____ N/A _____
6. Tribe in which applicant is enrolled: _____ Enrollment No: _____
7. Marital Status: ___ Married ___ Single ___ Widowed ___ Other (Explain)

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 | D.O.B. | Social Security # | Relationship | Tribe | Enroll No. |
|-------------------|--------|-------------------|--------------|-------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

8. Are you or your family currently homeless? ___ Yes ___ No



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9. Is any member of your household disabled or in need of a barrier free unit? ___ Yes ___ No

10. Have you or any member of your home been convicted of a Felony in the past seven (7) years? ___ Yes ___ No

If you answered yes, please list all instances with explanation below.

11. Have you or any member of your home EVER been convicted of a crime that demonstrated violence against another person or a crime of a sexual nature? ___ Yes ___ No

If you answered yes, please list all instances with explanation on a separate sheet of paper.

12. Have you ever been evicted from a rental unit? ___ Yes ___ No

If you answered yes, please list instances and explanation on a separate sheet of paper.

13. Have you or any household member received any type of housing assistance from the LTBB Housing Department in the past? ___ Yes ___ No

14. If applicable, provide the name of the person from question #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/Monthly Allotment | Employer/Income Source Name & Address | Gross Annual Income |
|-----------------------|-------------------------------|---------------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total Annual Income: \$ _____

17. Please state your email address: _____



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18. Have you ever been in active US military service? _____ Yes _____ No
 19. Are your work opportunities limited by your education? _____ Yes _____ No
 (Note: by answering yes to this question you acknowledge that we may refer you the LTBB Education Department)

D. REFERENCE INFORMATION

Please provide two personal references, that are not related to you, along with name and contact information of your landlord(s) over the past 12 months.

Personal Reference #1

Name: _____
Address: _____
Phone Number: _____

Personal Reference #2

Name: _____
Address: _____
Phone Number: _____

Landlord #1

Name: _____
Address: _____
Phone Number: _____

Landlord #2

Name: _____
Address: _____
Phone Number: _____

E. 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.

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

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



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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
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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

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

This institution is an equal opportunity provider





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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



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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



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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.