



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



Date Received:

APPLICATION

Time Received:

Received By:

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: _____
 Name: _____ Enrollment No. _____
 Address: _____ Ethnicity: Hispanic Non-Hispanic
 Apt. No. _____ Date of Birth: _____
 City State Zip _____ Social Security #: _____
 Home 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 _____

HOUSEHOLD INFORMATION

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

NAME	DOB	SOCIAL SEC. #	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, Interest, Education Scholarship, etc) Start with applicant then list other household members who have UNEARNED income.

NAME	SOURCE OF INCOME	ANNUAL INCOM
		\$
		\$
		\$
		\$

\$ _____



Asset Information

NAME OF BANK/INST	TYPE OF ASSET Or ACCOUNT	ACCOUNT #	BALANCE	INTEREST RATE	DIVIDENDS	REAL ESTATE

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

<p><u>Personal (1)</u> Name _____ Address _____ City State Zip _____</p>	<p><u>Personal (2)</u> Name _____ Address _____ City State Zip _____</p>
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MISCELLANEOUS BACKGROUND INFORMATION

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

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

Have you or any members of your household lived in assisted housing? Yes or No
 If yes, When and Where: _____

Have you ever committed fraud in an assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes or No If yes, please explain: _____

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

Have you or any members of your household been convicted for illegal manufacture or distribution of a controlled substance? Yes or No If you answered "yes" to either of the last two questions, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes or No
 Explain: _____

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: _____

