

Dear LTBB Tribal Member:

RE: Foreclosure Prevention Assistance

We are in receipt of your request for down payment assistance. Enclosed please find the following documents:

- ✚ Service Area Map – *You must be moving into; or residing within the service area.*
- ✚ Application – *Applicant must complete, sign, date and return.*
- ✚ Release of Information – *Applicant must complete, sign, date and return.*
- ✚ 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 include a copy of your **Tribal ID, Foreclosure Notice Letter from Lender** and **Income verification (2 most current)** for all adult household members.

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

Linda Kaye Rowland
Housing Programs Specialist

Enclosure

LTBB 27 County Service Area



LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)

Housing Department Housing Assistance 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 No: _____

6. Tribe in which applicant is enrolled: _____ Enrollment No: _____

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

8. Type of Housing Assistance Applying for: *(Please X the appropriate box)*

- Home Improvement**
- Short Term Rental** (Have you applied to rent a home? Yes No)
- Assistance in securing financing for the purchase or construction of single family home?** Have you applied for a mortgage or homebuyer loan? Yes No
- Assistance with Credit Counseling.** (May be required to obtain mortgage financing)
- Assistance to Lease/Purchase home on Tribal Land.**
- Assistance to rent home on Tribal Land.**
- Other Assistance:** Please Describe: _____

B. HOUSEHOLD INFORMATION – List all persons other than applicant living in your household on a permanent basis. Oldest to youngest and include Social Security numbers. This information may be used to determine overcrowding. *(Attach additional sheet if necessary)*

| Name | DOB | Social Security # | Relationship | Tribe | Enroll No. |
|------|-----|-------------------|--------------|-------|------------|
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| | | | | | |

9. Are you or your family homeless? Yes No

10. Are you currently renting? Yes No How many bedrooms in your current rental? _____
11. If you rent, how much is your monthly rent? _____ (Assists in determining rent to earning ratio)
12. Do you own the home you are currently living in? Yes No Rate of Monthly payment? _____
13. Do you have a Mortgage or Land Contract on the land on which you intend to build or renovate?
Yes No If yes, how much is your monthly payment? _____
14. Do you own property which you rent out? Yes No
15. Have you or any household member received any type of housing assistance from the LTBB Housing Department in the past? Yes No If yes, what type of assistance was received and when? _____

C. INCOME INFORMATION

16. Earned Income: Start with applicant, then list all household members who have earned income. Provide copy of current pay check stub or current earning statement submitted to the IRS if self employed for verification.

| Name | Annual Earned Income | Source of Income |
|------|----------------------|------------------|
| | | |
| | | |
| | | |

Total Annual Earned Income: _____

17. Unearned Income: Starting with applicant, list all household members who are listed under Part B and have unearned income such as Social Security, Retirement, Disability, and Unemployment Benefits. Include, Alimony, Per capita, Scholarship, etc. Provide check stubs, statements, etc for verification.

| Name | Annual Unearned Income | Source of Income |
|------|------------------------|------------------|
| | | |
| | | |
| | | |

Total Annual Unearned Income: \$ _____

18. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (Earned + Unearned) \$ _____

D. APPLICANT CERTIFICATION: *(Read this certification carefully before you sign and date.) Sign in ink.*

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 financial assistance. **The applicant will be required to sign the attached RELEASE OF INFORMATION form.**

Applicant's Signature: _____ Date: _____

**IF THE ASSISTANCE YUO HAVE APPLIED FOR IS NOT AVAILABLE AT THE TIME OF APPLICATION, YOUR APPLICATION WILL BE PLACED ON A WAITING LIST AND CONSIDERED IN THE ORDER IN WHICH IT WAS RECEIVED BY THE LTBB HOUSING OFFICE.*

LTBB HOUSING USE ONLY

Received By: _____ 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 confidential information to be released between the agencies listed in this agreement.

Applicant / Client Signature: _____ LTBB# _____ (Date)

Co-Applicant Signature: _____ LTBB# _____ (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) 242-1500

Law Enforcement Agencies
Courts and Post Office
Tribal Social Services
Family Independent Agency

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
Perspective Employers



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



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: _____