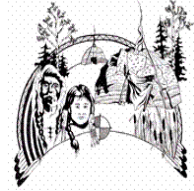




**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
HOUSING DEPARTMENT
7500 Odawa Circle
Harbor Springs, MI 49740
Tele: (231) 242-1540 Fax: (231) 242-1550
TDD: (800) 649-3777**



Dear Applicant:

RE: Home Improvement Assistance

We are in receipt of your request for an application for Home Improvement assistance. In order to process your application, we are requesting that all of the following documentation accompany your completed application:

- Copy of your Tribal ID
- Verification of all household income
- Proof of home ownership. (Title, Deed, etc.)
- Must have before and after pictures of work being completed.
- Proof Mortgage payments are current
- House cannot have been listed on the market for past 6 months
- Zero Income Statement for all adults in household w/ no income.

The maximum amount of home repair expenses provided by Little Traverse Bay Bands shall not exceed \$2,500.00, and can be utilized once every five years. In the event that home repairs exceed the maximum amount paid by Little Traverse Bay Bands, the applicant/homeowner shall bear the responsibility of paying the remaining balance.

In order to prevent delay, please insure that your application packet is filled out completely. When submitting your completed application, be sure to submit required documentation, including Statement of Work with pictures of intended repairs to be completed.

The Housing Department will solicit bids for contractor services. All Bids must go through the Housing Department. The Housing Department will approve contractors eligible to commence work. **NO WORK CAN COMMENCE WITHOUT AUTHORIZATION FROM THE LTBB HOUSING DEPARTMENT.**

****Due to HUD guidelines we are required to do an environmental review regardless of the work that is being done. The process of these reviews can take up to 3 to 6 months; we cannot proceed until this process has been completed. Please be aware that there is a possibility the review could come back with a negative impact, in which case could be cause for denial. ****

If you are in need of assistance, please feel free to contact the Housing Department @ 231.242.1545 and I will be happy to assist you.

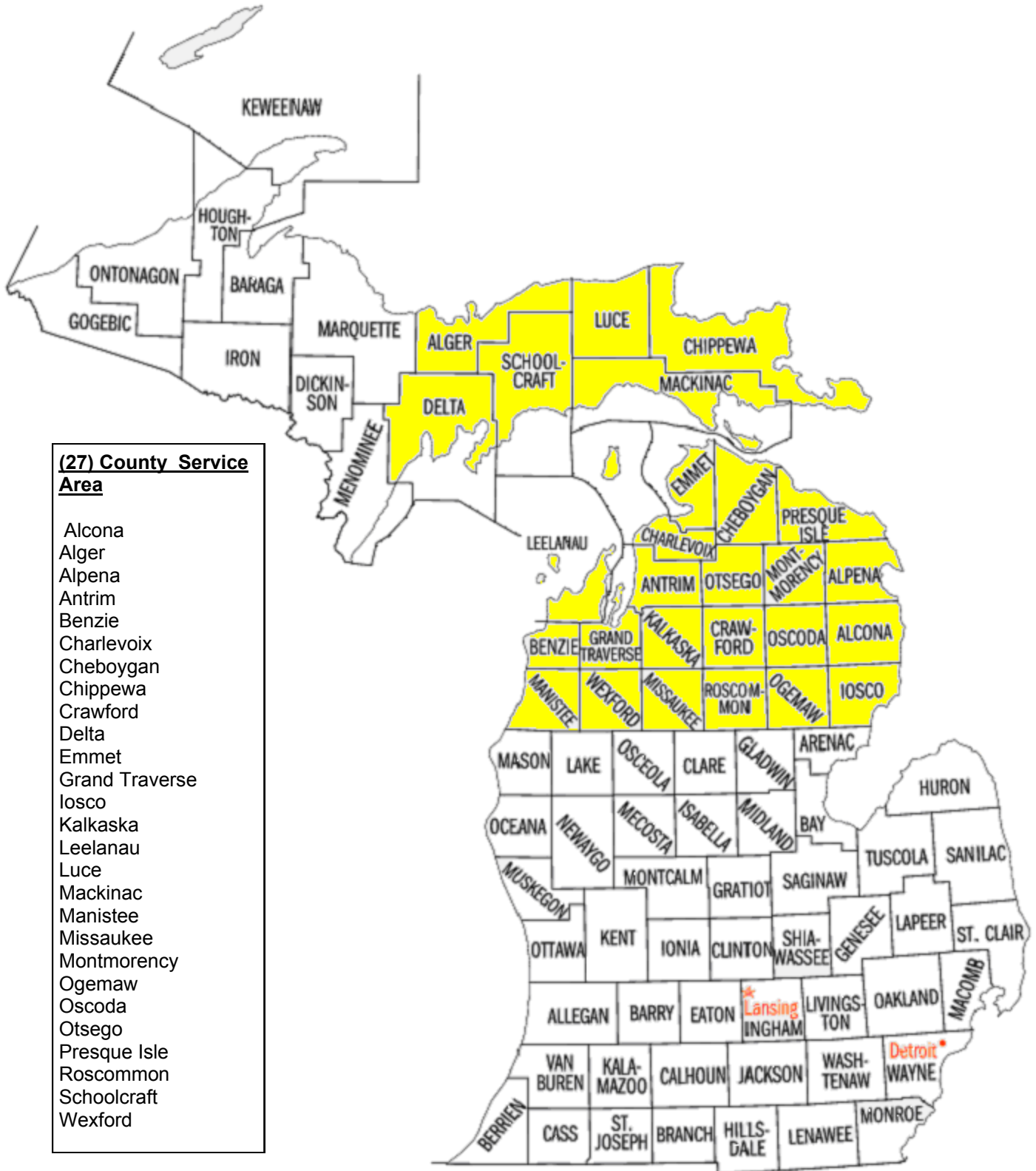
Respectfully,
Linda Kaye Rowland
Housing Programs Specialist



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LTBB 27 County Service Area



LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)
Housing Department
Home Improvement 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 that you are seeking assistance with your primary residence and the primary residence of all the people listed on this application? Yes No

9. Do you have a mortgage(s) on the property? Yes No

10. If you have a mortgage on your property, is the mortgage payment current? Yes No

11. Approximately how old is the home that you live in? _____ Years

12. Please state 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		

12a. Have you ever been in active US military service.? Yes No

12b. 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)

12c. Will you be completing the work yourself or will you use a licensed contractor? Self Contractor

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: _____

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

HOUSING DEPARTMENT
7500 Odawa Circle
Harbor Springs, MI 49740
231.242.1540

NAME:

DATE:

TYPE OF SERVICES REQUESTED: i.e.: Home Improvement

Home Improvement

Account Name:

NAHASDA Home Improvement

Statement of work requested: i.e.: plumbing/electrical/roofing, etc.:

Preferred Contractor if Applicable.

Name:

Address:

Phone:

Approximate cost of services requested.

Estimate/Bid Attached

Estimate/Bid To Follow at Later Date

*All person performing home improvement must be licensed and carry own insurance.
Upon receipt of this form, we will contact Contractor and forward a Contractual
Agreement.*

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



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OVERAGE AGREEMENT

Applicant Name & Address: (please print)

The Little Traverse Bay Bands Home Improvement Program shall not exceed \$2,500.00, per household, and shall not be utilized more than once in a five year span. Once your home improvement amount has been approved and the terms of the Contractual Agreement have been met, your file will be closed out. Should the cost of your home repairs exceed the maximum amount allowed, you bear the responsibility of paying any remaining balance above and beyond the stated \$2,500.

If you wish to proceed with your home improvement(s), with the understanding that all cost incurred above maximum amount allowed, remains your responsibility, please sign below and return. If you fail to return this notice, we will assume that you are not willing to meet the terms and conditions of this program. Please be advised that in order to expedite matters, you may return this form via fax to: 231-242-1550.

If you are in need of assistance, please feel free to contact the Housing Department @ 231.242.1545 and we will be happy to assist you.

Sincerely,

Linda Kaye Rowland

Linda Kaye Rowland
Housing Programs Coordinator

PLEASE CHECK APPRPOPRIATE BOX, SIGN AND RETURN

- Yes, I agree to pay all balances exceeding \$2,500.00
- No, I cannot pay remaining balance of contract exceeding \$2,500.00

Applicant

Date

Co-Applicant

Date

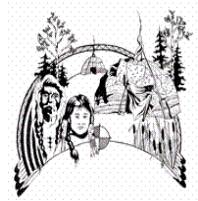


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ACKNOWLEDGEMENT OF GRANT USAGES

I, _____, hereby acknowledge and agree to the following as a condition of receiving a LTBB Housing Department Home Improvement Grant:

1. I shall not return or exchange any item for cash that was approved as an allowable expense or item under the LTBB Housing Department Home Improvement Grant.
2. I shall not return or exchange any item to any vendor that was approved as an allowable item or expense under the LTBB Housing Department Home Improvement Grant without first obtaining, in writing, permission from the LTBB Housing Department. Such permission shall only be granted when the item or expense to be returned or exchanged would otherwise be an allowable item or expense under the LTBB Housing Department Home Improvement Program guidelines, rules, regulations, policies and/or procedures.
3. I shall not seek any refund for cash, or other item of value, from any person, or entity, in lieu of services performed that have been approved as an allowable expense under the LTBB Housing Department Home Improvement Grant.
4. I shall not seek any form of significant alteration of any services provided from any person, or entity, which has been approved as an allowable expense under the LTBB Housing Department Home Improvement Grant without first obtaining, in writing, permission from the LTBB Housing Department. Such permission shall

only be granted when the service would otherwise be an allowable expense under the LTBB Housing Department Home Improvement Program guidelines, rules, regulations, policies and/or procedures.

By my signature affixed below, I _____ certify that I have fully read, understood and agree to the aforementioned acknowledgement of grant usages.

Date: _____

Signature: _____

Printed Name: _____





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PHOTOGRAPH AGREEMENT AND RELEASE

I, _____, hereby acknowledge and agree to the following as a condition of receiving a LTBB Housing Department Home Improvement Grant:

1. I shall provide the LTBB Housing Department with photograph(s) of ALL the area(s) of the home upon which an improvement is sought through the LTBB Housing Department Home Improvement Grant Program **BEFORE ANY IMPROVEMENT(S) ARE UNDERTAKEN.** I further agree that if I am unable to provide photograph(s) of the area(s) of the home upon which an improvement is sought, I authorize the LTBB Housing Department to take these photograph(s) on my behalf as they may have time and resources available to do so. I understand that the failure to provide these photo(s) myself could result in the denial of my application, and/or could otherwise delay an approval for a LTBB Housing Department Home Improvement Grant.

2. I shall provide the LTBB Housing Department with photograph(s) of ALL the area(s) of the home upon which an improvement is sought through the LTBB Housing Department Home Improvement Grant Program **WITHIN 45 DAYS AFTER THE IMPROVEMENT(S) ARE COMPLETED. I understand the refusal to provide these photos may require me to reimburse the Housing Department the entire amount of the Home Improvement Grant.** I further authorize the LTBB Housing Department to take these photograph(s) on my behalf as they may have time and resources available to do so. **I understand and agree that if I fail to utilize the materials purchased or make the repairs for**

which the grant was appropriated, the LTBB Housing Department will be entitled to seek reimbursement for the entire amount of the grant awarded.

3. I hereby grant the LTBB Housing Department, the Little Traverse Bay Bands of Odawa Indians, or any other subordinate entity thereof, permission to use any and all of the photograph(s) referred to above in any and all of its publications, brochures, or flyers, including websites etc., without payment or any other consideration besides whatever items and/or services may be approved under the LTBB Housing Department Home Improvement Grant Program. I understand and agree that these materials will become the property of the Little Traverse Bay Bands of Odawa Indians and will not be returned. I hereby irrevocably authorize the Little Traverse Bay Bands of Odawa Indians to edit, alter, copy, exhibit, publish or distribute these photo(s) for purposes of publicizing the Little Traverse Bay Bands of Odawa Indians' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of any of the photograph(s) referenced to above. I hereby hold harmless, release and forever discharge the Little Traverse Bay Bands, and any other subordinate entities thereof, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

By my signature affixed below, I _____ certify that I have fully read, understood and agree to the aforementioned Photograph Agreement and Release.

Date: _____

Signature: _____

Printed Name: _____



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