

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)

Housing Department Rental Unit 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. This application is a request by you to rent a housing unit from the LTBB Housing Department. The LTBB Housing Department maintains rental units in three (3) different communities, please indicate your first choice of where you wish to live (***this will NOT exclude you from the other properties***)

- A. Harbor Springs _____
- B. Pellston _____
- C. Bay Shore _____

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	Birth date	Social Security #	Relationship	Tribe	Enroll No.
			Head of House		

9. Are you or your family currently homeless? Yes No

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

11. 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.

12. 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

13. Have you ever been evicted from a rental unit? Yes No
 If you answered yes, please list instances and explanation on a separate sheet

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 #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. 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: _____