

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)**  
**Housing Department**  
**Down Payment Assistance 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. Have you applied to a lender for a home mortgage yet? Yes No

9. Will the home that you acquire be the primary residence of you and everyone listed on this application? Yes No

10. Do you already occupy the home that you are requesting assistance with? Yes No

11. Will you be refinancing an existing mortgage? Yes No

**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		

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

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:** \_\_\_\_\_

<b><u>LTBB HOUSING USE ONLY</u></b>	
Received By: _____	Date: _____
	Time: _____