



**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: Short Term Rental Assistance

We are in receipt of your request for short term rental assistance. Enclosed please find:

- + Service Area Map- Application – *You must be moving into; or residing within the service area*
- + Application – *Applicant must complete, sign and date*
- + Release of Information – *Applicant must complete, sign, and date.*
- + Rental Grant Agreement – *Applicant must provide Name, Tribal Membership #, and complete address of the new apartment/house you interested in renting. Applicant and landlord must also sign and date.*
- + W-9 Form – *This form is to be completed by the new Landlord*

When returning your **Application**, and **Release of Information**, **Rental Grant Agreement**, and **W-9**, you are **required** to include a copy of your **Tribal ID** and **Income verification** for **all** household members.

The Short Term Rental Assistance can be utilized **only one time** and the maximum amount for the Security Deposit and First Month's rent cannot exceed \$1,500.00. Additional charges such as last months rent and carpet cleaning fees will be your responsibility. Any amount of Security deposit exceeding the regular monthly rental rate will also be your responsibility.

Eligibility is determined by the household income and the monthly rental amount of your new rental. Please keep in mind that monthly rent cannot exceed 35% of your total monthly gross household income. It is imperative to submit all required documentation as soon as possible to prevent delays in processing and payment.

If you are in need of assistance, please feel free to contact the Housing Department @ (231) 242-1540 and we will be happy to assist you.

Respectfully,

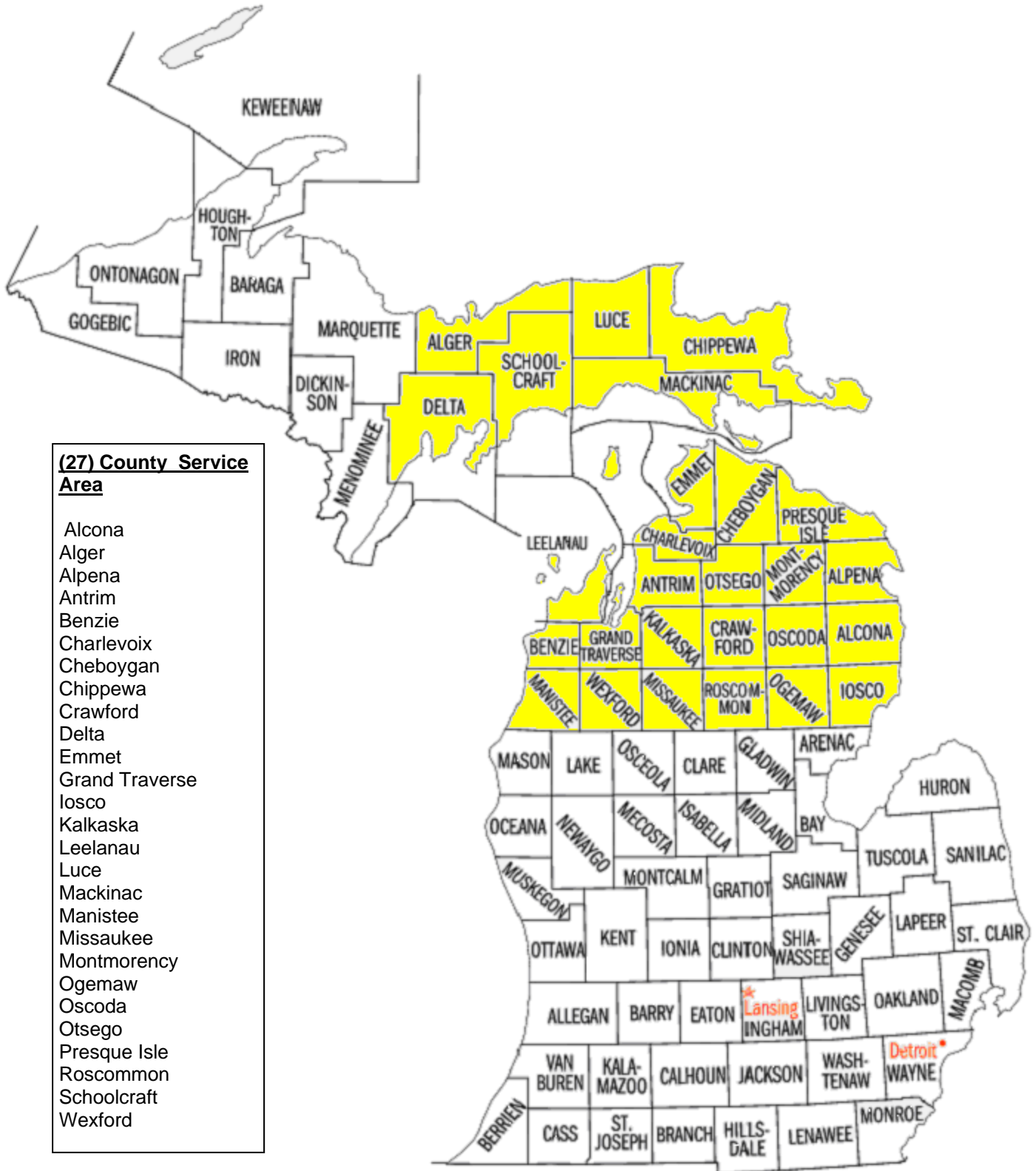
**Short Term Housing
Tribal Rentals**



"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-5964 (TDD)."



LTBB 27 County Service Area



LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)
Housing Department
Short Term Rental 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. Are you willing and able to sign at least a six (6) month lease with your landlord? Yes No

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

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

11. Have you already paid the first month's rent and/or the security deposit? Yes No

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		

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 questions 13 & 14 who received housing assistance
Name: _____

Date & Type of Assistance: _____

C. INCOME INFORMATION

15. **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

NAHASDA RENTAL GRANT AGREEMENT

I, _____, a member of the little Traverse Bay Bands of Odawa Indians, ROLL NO: _____, hereinafter referred to as "Grantee", in consideration for being awarded a **one time only**, short term rental assistance grant from the Little Traverse Bay Bands of Odawa Indians Housing Department NAHASDA account, do hereby agree to the condition on which this grant is made and received. Therefore be it known, I hereby request first months rent and/or security deposit for the premises located at:

Street Address City, State Zip

As Grantee, I understand that this grant is made subject to all the rules and regulations now or in the future contained in 24 CFR, Part 1000, NAHASDA of 1996, Section 201 (b)(4) that allows for the preference of LTBB Tribal Members or other Native American families.

I, _____, Landlord, hereby agree to rent to:

Tenant(s)
Name: _____
Beginning the _____ day of _____, 20____
Term of Lease: 6 months 1 year **(No monthly rentals permitted)**
Utilities Included? Yes No

Be in agreement that the tenant(s) will pay the landlord(s) an amount of:

Security Deposit \$ _____

Monthly Rental \$ _____

And a like amount on the _____ day of each month.

Upon termination of any lease agreement the full amount of the said security deposit (minus any amounts for damages or unpaid rent) will be **returned** to the LITTLE TRAVERSE BAY BANDS HOUSING DEPARTMENT – NAHASDA accounts. **The lease referred to herein is between grantee and landlord(s) and any restitution or damages beyond security deposit paid shall be between named landlord(s) and tenant. ATTENTION LANDLORDS: LTBB DOES NOT SCREEN TENANTS THAT REMAINS THE RESPONSIBILITY OF THE LANDLORD.**

Grantee: _____ Date: _____
(Signature of Applicant)

Landlord(s): _____ Date: _____
(Signature of Landlord)

Address of Landlord Telephone Number: _____

The goals and objectives of the Little Traverse Bay Bands of Odawa Indians is to meet the needs named in the tribal department's mission statement. This includes meeting short term rental needs and to provide home ownership opportunities to eligible participants.

Authorized LTBB Staff Signature: _____ 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 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
Little Traverse Bay Band Departments
Support and Alimony Providers
Child Care Providers
Retirement Systems
Social Security Administration
State and Federal Lending Programs
Michigan Works/Unemployment Office

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,