

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 – *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 are 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, Release of Information, Rental Grant Agreement** and **W-9**, you are **required** to include a copy of your **Tribal ID** and **Income verification** (4 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.

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.

Sincerely,

*Linda Kaye Rowland*  
*Housing Programs Specialist*

# 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.

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

**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.**

Grantee: \_\_\_\_\_  
(Signature of Applicant)

Date: \_\_\_\_\_

Landlord(s): \_\_\_\_\_  
(Signature of Landlord)

Date: \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_