



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS  
HOUSING DEPARTMENT**

7500 Odawa Circle  
Harbor Springs, MI 49740  
Tele: (231) 242-1540 Fax: (231) 242-1550  
TTY 7-1-1



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**RE: LTBB Elder Rental Unit**

Aanni Applicant

Thank you for your interest in Elder Housing Assistance. Enclosed please find:

- Application – Applicant must complete, sign and date.
- Release of Information – Applicant must complete, sign, and date.

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

Once we have received the above-mentioned documentation, we will review and certify eligibility. Eligibility is determined by the household income and age of applicant. Income must fall within the USDA Income Limits. Monthly rental amounts are based on household income.

Once pre-qualification has been confirmed, you name shall be placed on our Waiting List. Once a unit becomes available and your name appears at the top of the list, we will contact you regarding the completion of your enrollment package.

It is imperative to submit all required documentation in order to remain active on the Waiting List.

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

Please be aware that under Federal Law, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments at no cost to themselves.

We will be contacting you annually to determine if you are still interested in remaining on the rental waiting list. If you do not confirm your continued interest at this time, you will be removed from the waiting list. It is imperative that you keep your contact information current so that we can contact you every 6 months.



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**ELDER UNITS APPLICATION**

Please fill out application completely. All information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

LTBB is an equal opportunity provider and employer. Indian preference is permissible under Federal and LTBB Tribal Law.

Date: \_\_\_\_\_ Tribe: \_\_\_\_\_ Enrollment No. \_\_\_\_\_

Ethnicity: \_\_\_\_\_ **Hispanic** \_\_\_\_\_ **Non-Hispanic**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**RESIDENCY**

Current Landlord

Previous Landlord

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Reason for Moving: \_\_\_\_\_



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**HOUSEHOLD INFORMATION**

List all persons OTHER than the applicant living in your household.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TRIBE/ENROLL# \_\_\_\_\_

ETHNICITY (Hispanic): \_\_\_\_\_ Yes \_\_\_\_\_ No

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TRIBE/ENROLL# \_\_\_\_\_

ETHNICITY (Hispanic): \_\_\_\_\_ Yes \_\_\_\_\_ No

**INCOME VERIFICATION**

**Earned Income** – Start with applicant then list other household members who have EARNED income.

NAME	EMPLOYER NAME & CITY, STATE	ANNUAL INCOME
		\$
		\$
		\$

Total Annual EARNED Income \$ \_\_\_\_\_

**Unearned Income** – (i.e. \*Social Security, Retirement/Pension, Disability, Unemployment Benefits, Child Support, Alimony Royalties, Per Capita Payments, etc.\*). Start with applicant then list other household members who have UNEARNED income.

NAME	EMPLOYER NAME & CITY, STATE	ANNUAL INCOME
		\$
		\$
		\$

Total Annual EARNED Income \$ \_\_\_\_\_



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**ASSET INFORMATION**

NAME OF BANK	ACCOUNT #	BALANCE	INTEREST RATE	DIVIDENDS	REAL ESTATE

Total Annual EARNED Income \$ \_\_\_\_\_

Have you disposed of any assets in the last two years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list asset and value received.

TYPE OF ASSET DISPOSED OF	VALUE OF ASSET	AMOUNT RECEIVED

Do you own property? \_\_\_\_\_ Are you renting out this property? \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No How Many? \_\_\_\_\_ Type of Vehicle(s)? \_\_\_\_\_

**REFERENCES**

Personal (1) \_\_\_\_\_ Personal (2) \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**MISCELLANEOUS BACKGROUND INFORMATION**

Do you own the home you are currently living in? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes what is monthly payment? \$ \_\_\_\_\_



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Do you or members of your household require the use of a barrier free unit? \_\_\_\_ Yes \_\_\_\_ No

Have you or any members of your household lived in assisted housing? \_\_\_\_ Yes \_\_\_\_ No

If yes, When and Where: \_\_\_\_\_

Have you ever committed fraud in an assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you or any members of your household engage in current illegal use of a controlled substance or have you been previously convicted of the same? \_\_\_\_ Yes \_\_\_\_ No

Have you or any members of your household been convicted for illegal manufacture or distribution of a controlled substance? \_\_\_\_ Yes \_\_\_\_ No

If you answered "yes" to either of the last two questions, have you successfully completed a controlled substance abuse program or are you enrolled in such a program? \_\_\_\_ Yes \_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT CERTIFICATION**

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 Assistance. I certify that the rental unit which I/We will occupy will be my/our permanent residence and that I/We do not and will not maintain a separate rental unit in a different location.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co 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

**LTBB HOUSING USE ONLY\***

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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**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



**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) **Michigan** \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

**I hereby authorize my confidential information to be released 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  
Housing Department  
7500 Odawa Circle  
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Law Enforcement Agencies  
Courts and Post Office  
LTBB Human Services, Enrollment, Accounting,  
Behavioral Health, and Elders Departments.  
Family Independence Agency  
Michigan Department of Health & Human Services

Financial Institutions  
Chase Bank  
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  
Current and Previous Employers

This institution is an equal opportunity provider and employer

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."





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## **Statement of Nondiscrimination**

In accordance with Federal Civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity, (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632 9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690 -7442; or
- (3) Email: [programintake@usda.gov](mailto:programintake@usda.gov)



USDA is an equal opportunity provider, employer, and lender.





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**INCOME VERIFICATION PROCESS & SCREENING PROCEDURES**

**PURPOSE OF THIS PROCEDURE:**

To insure that the LTBB Housing Department calculates annual income in a fair and consistent manner that also complies with any grant requirements that the LTBB Housing Department is responsible for.

**INCOME:**

The LTBB Housing Department defines income as adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 series for individual Federal annual income tax purposes. This includes, but is not limited to the following:

1. Wages
2. Tips
3. Overtime
4. Social Security Benefits (only the taxable amount)
5. Unemployment
6. Commissions
7. Annual Dispersements from Native American Tribes to its members
8. Net income from the operation of a business
9. Pensions
10. Retirement account disbursements
11. Public Assistance – monetary value of assistance

Annual Adjusted Gross Income does not include the following:

1. Income from employment of children (including foster children) under the age of 18 years.
2. Foster Child Payments
3. Scholarships
4. The non-taxable portion of Social Security Benefits or state assistance



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**INCOME VERIFICATION PROCESS & SCREENING PROCEDURES**

**Calculating Annual & Monthly Income:**

When calculating and estimating income the LTBB Housing Department will use the following guidelines:

A minimum of 4 weeks of check stubs will be used.

1. Hourly rates will be multiplied by 40 hours to acquire a weekly gross amount. This amount will be multiplied by 52 to acquire an annual gross amount. If the applicant can document that less weekly hours are worked or less weeks per year are worked then we will calculate the amounts accordingly.
2. If tips are reported on the check stubs provided we will total the amount of tips on all checks provided, then divide that amount by the number of checks used to acquire it. This average weekly amount will be multiplied by 52 weeks to acquire an annual gross amount. If the applicant is employed less than 52 weeks and we can document this with the employer then we will calculate accordingly.
3. If overtime amounts are reported on the check stubs provided we will total the amount of overtime on all checks provided, then divide that amount by the number of checks used to acquire it. This average weekly amount will be multiplied by 52 weeks to acquire an annual gross amount. If the applicant is employed less than 52 weeks and we can document this with the employer then we will calculate accordingly.
4. Applicants reporting self employment income must submit the previous year's tax documents as verification of income, along with a current monthly statement of the business revenue and expenses.
5. Applicants reporting Social Security Income must provide the annual determination for this to be verified. Only the taxable portion is counted into the determination for annual income and income eligibility.
6. Any income received monthly will be multiplied by 12 to acquire an annual gross amount.
7. Unemployment will be calculated by multiplying the weekly benefit by the number of benefit weeks that the applicant has left to claim.
8. Any person listed on the application that is reporting zero income must complete a LTBB Housing Zero Income Verification form.
9. LTBB Housing staff will complete the Housing Department's Standard Income Calculation form for every member of the home that has reportable income (**see attached copy of this form**).

**NOTE:** The Little Traverse Bay Bands of Odawa Indians Housing Department is bound by Federal Law and Little Traverse Bay Bands of Odawa Indians Tribal Law, Statutes, Policies and Procedures. The Housing Department staff is not authorized to make any exceptions to Federal Law, Little Traverse Bay Bands of Odawa Indians Tribal Law, Statutes, Policies or internal procedures.



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## **TENANT BACKGROUND CHECK PROCEDURES**

### **1. PURPOSE OF THIS PROCEDURE:**

To insure that the LTBB Housing Department maintains a safe and crime free environment in our housing units and to screen tenants that may be prone to causing the LTBB Housing Department undue financial hardship.

### **2. CRIMINAL HISTORY:**

- Criminal history reports will be obtained only on those applicants that have been offered and have accepted a rental unit from the LTBB Housing Department.
- Upon receipt of an acceptance letter from a prospective tenant, the designated housing staff member will submit a request to the agency that currently performs tenant screening checks for the LTBB Housing Department. A report will be requested from every adult member of the household.
- The criminal history report will include both civil and criminal information.
- The criminal history reports will be kept in a locked file in the office of the LTBB Housing Director.

### **3. PREVIOUS LANDLORD INTERVIEWS**

- The applicant will provide the LTBB Housing Department with the names and contact information for all of the landlords that they have had in the previous 18 months.
- The designated LTBB Housing staff member will make contact with all previous landlords listed and conduct an interview to assess if the tenant posed a burden or hardship during the time they were a tenant there.
- Interview questions will include, but are not limited to:
  - Is there account paid in full
  - Did they pay rents on time and in full
  - Was a security deposit collected and if so, how much was returned
  - If security deposits were kept, why were they kept
  - Where there ever any complaints filed against the tenant
- All interview findings will be documented in a report that will be kept in the applicants file.



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**TENANT BACKGROUND CHECK PROCEDURES**

**4. BACKGROUND FINDINGS**

The following items are grounds for an applicant's request for residency to be denied.

- Any felony convictions in the previous seven (7) years
- Any convictions for crimes of a "sexual" nature
- Any convictions for crimes that demonstrated violence toward other people
- Any convictions for drug related offenses
- Any prior evictions, unless extenuating circumstances can be proven. This will be at the discretion of the LTBB Housing Director
- An established history of late rents, at the discretion of the LTBB Housing Director
- A history of complaints against the applicant, at the discretion of the LTBB Housing Director
- If the applicant has been evicted from a LTBB Housing Unit in the last seven (7) years or still has a balance owing the LTBB Housing Department

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