



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



**Transitional Housing**

Dear Applicant:

RE: Transitional Housing Assistance

We are in receipt of your request for Transitional Housing Assistance. Enclosed please find:

- ✚ Transitional Housing Assistance Application – Applicant must complete, sign and date
- ✚ Release of Information – Applicant must complete, sign, and date.
- ✚ Transitional Housing Eligibility Determination
- ✚ Transitional Housing Grant Agreement

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

This program is designed to provide temporary shelter for income qualified tribal citizens. The applicant must be homeless or near homeless at the time of application. Program provides a maximum hotel stay of 30 days at the Coach House Motel. The program also provides counseling on budgeting and resource management to applicants as they progress from being transitional to permanent housing. Program can be utilized **ONE TIME ONLY**.

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,

LTBB Housing Department



"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)."



## **Making Your Stay at Coach House Short, Comfortable and Safe**

Some of your fellow motel guests are folks like you who have recently become homeless through various circumstances. Some may have recently been released from jail, are on probation or may be on the CSC offender list. Just as you are not able to pick your neighbors in a home or apartment, the same fact remains at the motel.

### **For Your Safety:**

Keep your door locked at all times.

Never leave children unattended in a room or vehicle. Locking children in a room even for a short time is not safe. Please call LTBB DHS for assistance.

If you feel threatened or are concerned about another guest, please talk with the motel manager, Linda (Kaye) Rowland of LTBB Housing, Child Protective Services (231-348-1600) or 911 depending on the severity and nature of your concern.

### **To shorten your stay/Find your own place**

Have a daily agenda/plan. If you need help creating a plan, figuring out what should be your first step, your worker can help.

The quicker you complete applications and turn them in the better. It takes time for forms to go through the departments necessary to get the funding you need. If you have questions or need a ride to drop them off or someone to pick them up, please call your worker.

Be proactive by making phone calls and requesting transport for house hunting and to drop off employment applications.

Unfortunately there are very few places that can provide cash for daily needs. Please let your worker know if you have a need, so they can help find a solution or advocate for you.

### **Places to go during the day:**

Petoskey Public Library -Access to computers, books, children's area and programs - 20 minute walk

Michigan Works- computers and job search, phone, copier, printer and fax -10 minute walk

Northern Community Action Agency- housing assistance, homeless prevention- 10 minute walks

Michigan Department of Human Services - food card, Medicaid/Medicare, cash assistance- 10 minute walk

Pregnancy Care Center- clothing from 0-2T, limited supplies of diapers, formula and baby food, parenting materials, free pregnancy diagnosis through ultrasound -10 minute walk

Glens North Plaza Laundromat- 5 minute walk

**Transport may be available for the following:**

- Women's Resource Center- Counseling, safe home (shelter for domestic/sexual violence survivors and their children) and support groups.
- Visit Mary Margaret or Nehemiah house (if you have not found a place when the end of your thirty days is near its end.)
- Food or diaper pantries
- LTBB DHS office to fill out paperwork, access to copier, fax, phone, caseworkers and victim advocate.
- LTBB governmental center for networking, WOCTEP, computers and applications
- Free Clinic or Health Department
- Counseling or doctor appointments
- Interviews, etc

**Games and Activities for young children in a hotel room**

It is important for children to have a routine when housing and other stresses are affecting the family. Having fun is part of providing them some normalcy and will hopefully keep the stress level down for you as well.

- Bubbles
- Hide their toys or other items in the room for a scavenger hunt
- Use balled up socks for catch or trash can basket ball
- Go for walks, find play grounds.
- Play catch outside
- Create a mini obstacle course (run down the sidewalk, hop over the rock, go around the tree..)
- Watch educational TV with them
- Read fun new books from the library
- Cups can be used in the tub for extended water play time
- Makeovers – trying a new hairstyle or playing with make up

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)  
Housing Department  
Transitional 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 Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Tribe in which applicant is enrolled: \_\_\_\_\_ Enrollment No: \_\_\_\_\_

7. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other (Explain) \_\_\_\_\_

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

9. Have you received an eviction notice for the residence that you currently occupy?  Yes  No

10. Are you and/or your family currently living in a homeless shelter?  Yes  No

11. Are you in an emergency/domestic violence victim(documentation required)?  Yes  No

**B. HOUSEHOLD INFORMATION**

Please list ALL of the people that will occupy the transitional housing unit, including the head of household. Attach an Additional sheet if necessary

First & Last Name	Birthdate	Social Security #	Relationship	Tribe	Enroll No.
			Head of House		

12. Have you or any household member received any type of housing assistance from the LTBB Housing Department in the past?  Yes  No

13. If applicable, provide the name of the person from question 12 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.

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 HOUSING GRANTS THAT IS MAINTAINED BY BOTH INCOME AND TIME OF APPLICATION.*

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



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS**  
**Housing Department**  
**7500 Odawa Circle**  
**Harbor Springs, MI 49740**  
**231-242-1540**

**NAHASDA TRANSITIONAL HOUSING VERIFICATION OF**  
**HOUSEHOLD ELIGIBILITY**

Client Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Eligibility for the LTBB Transitional Housing Grant must be verified through documentation of homelessness, near homelessness, and income.

**1. VERIFICATION OF HOMELESSNESS**

Select the criterion below that best describes the household's homelessness situation. More than one criterion may be checked if household members enter the program from different situations

SITUATION	INSTRUCTIONS FOR VERIFICATION
<input type="checkbox"/> Evicted from a current living situation	Attach eviction notice, a court subpoena, or written signed and dated statement from family/friends if living with family or friends. For circumstances beyond household's control, complete Self-Declaration* section below.
<input type="checkbox"/> Eviction notice, eviction due to circumstances beyond household's control	
<input type="checkbox"/> Released from jail or prison	Obtain written or verbal third-party verification from the referring facility's case manager or authorized staff that the client has been residing at the facility. Attach written documentation. If verbal verification, complete Verbal Verification section below.
<input type="checkbox"/> Released from inpatient treatment or hospital or other institution	
<input type="checkbox"/> Emergency shelter	
<input type="checkbox"/> Transitional housing	Obtain either written or oral third-party verification if possible. If verbal verification, complete the verbal Verification section below. Attach written verification. If self-declaration, complete the Self-Declaration* section below.
<input type="checkbox"/> Living on the street	
<input type="checkbox"/> Other public or private place not designated for, or ordinarily used as, regular sleeping accommodations for human beings, such as tent, vehicle, abandoned building, etc.	
<input type="checkbox"/> Domestic violence/sexual assault/other crime victim	

**\*Self-Declaration: Written statements by clients are acceptable ONLY when other verifications are not available. Since this method is self-serving, it should be viewed with caution and accepted as a last resort. Case manager may write the narrative if the client is unable. Client signature is required.**

**SELF - DECLARATION**

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

Client

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Client: \_\_\_\_\_

VERBAL - DECLARATION

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

Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of 3<sup>rd</sup> Party Verifier: \_\_\_\_\_ Position: \_\_\_\_\_

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

**Please be aware that after all documentation is acquired, final approval/denial will be at the discretion of the LTBB Housing Director.**

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

LTBB Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Housing Department  
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231-242-1540

**NAHASDA TRANSITIONAL HOUSING GRANT AGREEMENT**

I, \_\_\_\_\_, a member of the little Traverse Bay Bands of Odawa Indians, roll number \_\_\_\_\_ hereinafter referred to as "Grantee", in consideration for being awarded a **one time only**, Transitional Housing assistance grant from the LTBB 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 assistance with my homeless living situation. I will be staying at the address below for the duration of my grant.

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, \_\_\_\_\_, the Landlord, hereby agree to rent to: \_\_\_\_\_ beginning on the following date: \_\_\_\_\_ for a sum of : \_\_\_\_\_ per day.

I will invoice the LTBB Housing Department at the time the tenant checks out or at the end of your 30 day maximum stay. Invoices shall be for only the actual time the tenant has spent in my housing unit.

I understand that the tenant's billable length of stay under this grant cannot exceed 30 days.

I understand that the LTBB Housing Department will only be responsible for the actual rent and that any damages, and/or excessive charges are the responsibility of the tenant.

I understand that the LTBB Housing Department, by offering this grant, does not make any claims as to the credibility of the tenant and this grant is NOT intended to be a personal reference of any kind.

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

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

Address of Landlord \_\_\_\_\_

Phone number of Landlord: \_\_\_\_\_

*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 transitional housing needs to eligible participants.*

### 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