

APPENDIX 1

TRIBAL LEGISLATURE MOTION / RESOLUTION



GRAND TRAVERSE BAND
OF
OTTAWA AND CHIPPEWA INDIANS

Tribal Council Special Session
November 27, 2002 – 10:00 A.M.
Tribal Administration Building, Peshawbestown, MI

II. Unfinished Business

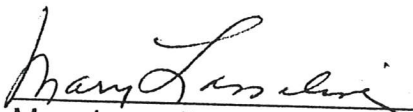
A. Approval of GTB Housing Occupancy Policy, with Changes

MOTION TO APPROVE GTB HOUSING OCCUPANCY POLICY, WITH THE REVISIONS DISCUSSED

MOTION MADE BY COUNCILOR BENNETT, SUPPORTED BY VICE CHAIR CONCANNON

6-FOR, 0-AGAINST, 0-ABSTAIN, 0-ABSENT
Motion carries

I, Mary Lassaline, certify that the above motion was made and adopted at the Tribal Council Special Session held on November 27, 2002 at the Tribal Administration Building.


Mary Lassaline
Tribal Council Transcriptionist

12-2-02
Date

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA
INDIANS

GTB TRIBAL LEGISLATURE

RESOLUTION NO. 2002-00

**HOUSING DEPARTMENT
OCCUPANCY POLICY**

BE IT ORDAINED BY THE LEGISLATURE OF THE GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS:

WHEREAS, the Grand Traverse Band acts through its Tribal Legislature to provide affordable housing opportunities for qualified families, in a safe and healthy environment; and

WHEREAS, there needs to be equitable procedures in place to govern the occupancy standards for individuals residing in housing units managed by the GTB Housing Department;

NOW, THEREFORE BE IT RESOLVED BY THE LEGISLATURE OF THE GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS, that it accepts and adopts the Housing Department's Occupancy Policy, which shall govern Occupancy Standards for all Housing Assistance Programs under management with an effective date of: _____ and

BE IT FURHTER RESOLVED, that the Tribal Legislature reserves the right to make amendments to the Occupancy Policy, as deemed necessary, for the good of the community.

CERTIFICATION

The Grand Traverse Band Tribal Council does hereby certify that a meeting, duly called, noticed and convened on this _____ day of _____, 2002, where a quorum was present, this action was duly adopted by a vote of _____ AYES, _____ NAYS, and _____ ABSTENTIONS _____ ABSENT.

Robert Kewaygoshkum, Tribal Chairman
Grand Traverse Band of
Ottawa and Chippewa Indians

(Date)

_____ Tribal Secretary
Grand Traverse Band of
Ottawa and Chippewa Indians

(Date)

APPENDIX 2

RULES OF OCCUPANCY

**GRAND TRAVERSE BAND
OF
OTTAWA AND CHIPPEWA
INDIANS**

**HOUSING DEPARTMENT
POLICY
on
OCCUPANCY**

RULES OF OCCUPANCY

(Updated:)

INTRODUCTION

The **Rules of Occupancy** are to be used as guidelines for **ALL** Rental and Homeownership units managed by the Grand Traverse Band Housing Department.

The purpose of the **Rules of Occupancy** is to protect the tribe's investment as well as your safety.

The guidelines, outlined here, are an abbreviated version of those found in the Housing Departments Occupancy Policy and are to be observed by **ALL** clients, **ALL** client family members, and **ALL** client guests. Furthermore, it is the responsibility of the client to ensure that his / her family, friends, and guests abide by these **Rules of Occupancy**.

Failure, on the part of the client to abide by the **Rules of Occupancy** is grounds for Termination of the Rental Lease / Homebuyer (MHOA) Agreement.

Housing Department management shall ensure that this document is updated, as needed, so that the most current information is available to its clients.

The Housing Department Office is located at **11244 E. Ki-Dah-Keh Mi-kun Rd.** The office is open and staffed from **Monday to Friday, 8:00 a.m. to 5:00 p.m.**

Housing Department staff can be reached through the Receptionist at (231) 271-4473 or by FAX at (231) 271-2025.



1. ACCESS TO UNITS

Clients are required to allow Housing Department staff into their dwelling units for the purposes of conducting "**Official Business**".

Examples of "**Official Business**", which require access to the dwelling unit, are: **Inspections, Home Visits** and **Maintenance**.



2. BURNING

Clients are **NOT** allowed to burn items outside or on the yard around / adjacent to their dwelling unit. This includes, but is **NOT** limited to, the following items: Branches, Brush, Dried Grass, Garbage, Leaves, Tires, Wood, etc.



3. BUSINESSES WITHIN THE HOME

Rental Programs. Clients in the Rental Programs may **NOT** utilize their dwelling units for any type of "in-home" or "outdoor" business venture.

Mutual Help Program. Clients in the Mutual Help program **MAY**, under certain conditions, utilize their dwelling unit for "in-home" business ventures or their dwelling unit property for "outdoor" business ventures. Mutual Help clients, who desire to operate a "*small*" business, from their dwelling unit, are required to submit a formal WRITTEN request to the Housing Department Director before the business venture may be started.



4. CHANGES TO WRITTEN AGREEMENTS

The Rental Lease / Homebuyer (MHOA) Agreement (as applicable) evidence the entire agreement between the Housing Department and the client.

At a minimum, the Housing Department shall review the Rental Lease / Homebuyer (MHOA) Agreement annually to determine if any changes are necessary. Changes could become necessary due to changes in Federal, State, or Tribal Laws / Regulations that affect housing.

In the event the Housing Department determines that changes to the Rental Lease Agreement / MHOA are necessary, they shall be done through a formal review / approval process.

Changes to the Rental Lease / Homebuyer (MHOA) Agreement can be published as an ADDENDUM or by completely REISSUING a corrected / updated version of the Rental Lease / Homebuyer (MHOA) Agreement.

[[CONTINUE ON USING THIS FORMAT]]

[[TO COMPLETE YOUR RULES OF OCCUPANCY]]

[[THIS SHOULD BE GIVEN TO EACH CLIENT]]

APPENDIX 3

Sample Letter

RECEIPT FOR THE RULES OF OCCUPANCY

RECEIPT FOR RULES OF OCCUPANCY

I, _____
do hereby acknowledge receipt and understanding of the Grand Traverse Band
Housing Department's publication, entitled "*Rules of Occupancy*".

(Signature - Head of Household)

(Date)

(Signature - Spouse / Significant Other)

(Date)

Distribution: Original to Housing Department File
Copy to Client

APPENDIX 4

Sample Letter

**NOTIFICATION
OF
SCHEDULED INSPECTION**



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX
2605 N. West Bayshore Dr.
Peshawbestown, MI 49682

Office: 231/271-4473 Fax: 231/271-2025



(Name of Client)

(Address)

(City, State, ZIP)

**NOTIFICATION
OF
INSPECTION**

(Date)

Dear _____

Pursuant to the Grand Traverse Band Housing Department (GTBHD) Maintenance Policy, we are required to inspect each unit, for a variety of reasons, on a periodic basis. The purpose of these inspections is to identify any deficiencies or tenant caused damages that may exist in the dwelling unit.

As per your lease agreement, you are responsible for and agreed to make repairs of damages to the unit caused by you, your family or guests. You are also reminded that damages shall not be attributed to "vandalism" unless they were reported to the police and you provided a copy of the Incident Report to GTBHD Management within seventy-two (72) of the vandalism.

In accordance with our Maintenance Policy, we are required to provide you with a written notice of the pending inspection at least two (2) business days in advance.

GTBHD MAINTENANCE PERSONNEL WILL CONDUCT A

- ANNUAL INSPECTION INTERIM INSPECTION MOVE-IN INSPECTION MOVE-OUT INSPECTION

HOUSE NO. LOCATION DATE APPROXIMATE TIME

It is our intent to follow the schedule set forth in this notice, however, in the event emergency maintenance calls arise, the schedule may be changed. If a change is necessitated, you will be notified of the change.

We thank you for your cooperation on this very important matter.

Sincerely,

Dennis Jacko, Resident Specialist
Housing Department

cc: Maintenance File, Client File

GTBHD Form Letter # 44
01/01/01

APPENDIX 5

Sample Letter

**NOTIFICATION
of
EMERGENCY ENTRY**



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX

2605 N. West Bayshore Dr.

Peshawbestown, MI 49682

Office: 231/271-4473 Fax: 231/271-2025



NOTIFICATION OF EMERGENCY ENTRY

(Name of Client)

(Address)

(City, State, ZIP)

(Date)

Dear _____

The purpose of this notice is to advise you that we made "**Emergency Entry**" to your dwelling unit for the purpose of investigating a situation of great concern to the health / safety / welfare of the occupants / dwelling unit. Entry was made because there was no answer at the door. This was done pursuant to the Grand Traverse Band Housing Department (GTBHD) Occupancy Policy. The reason for entry is indicated below:

- | | |
|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Dog's Barking In Unit | <input type="checkbox"/> Entry Door(s) Broken / Kicked In |
| <input type="checkbox"/> Smoke Coming From Unit | <input type="checkbox"/> Window(s) Broken Out |
| <input type="checkbox"/> Fire / Flames Coming From Unit | <input type="checkbox"/> Water Coming From Unit |
| <input type="checkbox"/> Law Enforcement Request | |

Date / Time of Entry was: _____ / _____

Name(s) of Individuals Entering the Unit were: _____

Police / Fire Department Personnel were called: YES NO

What was done while in the unit: _____

Date / Time unit was secured: _____ / _____

Other Comments: _____

(Housing Staff Signature)

(Housing Staff Signature)

(Housing Staff Signature)

cc: Maintenance File, Client File

GTBHD Form Letter # 59
04/01/02

CHARLEVOIX

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BENZIE

MANISTEE

ANTRIM

APPENDIX 6

Sample Form

PERMISSION TO ENTER

PERMISSION TO ENTER

I, _____ do hereby give the Grand Traverse Band Housing Department permission to enter my home, when either I, my spouse (significant other) or other adult household members are **NOT** at home when entry must be gained.

This permission is being granted in accordance with the Housing Department's Maintenance and Occupancy Policies. It is intended to allow Housing Department personnel entry to the dwelling unit for the purposes of conducting "scheduled" Inspections and / or to perform "scheduled" routine or preventive maintenance tasks inside the unit.

I also authorize the reproduction of this form.

This permission is valid for a period of one year from date of execution.

(Head of Household)

(Date)

(Spouse / Significant Other)

(Date)

Distribution: Original to Clients Resident Services File
Copy to Clients Maintenance Division File
Copy to Client

APPENDIX 7

Sample Letter

**NOTIFICATION
of
REVIEW
HOME BASED BUSINESS
REQUEST**



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX

2605 N. West Bayshore Dr.

Peshawbestown, MI 49682

Office: 231/271-4473 Fax: 231/271-2025



(Name of Client)

(Address)

(City, State, ZIP)

**NOTIFICATION
OF
BUSINESS
REQUEST REVIEW**

(Date)

Dear _____,

This letter serves to acknowledge receipt of your request to operate a business within you dwelling unit, which you submitted on _____, 2001.

Your request was reviewed by the Legislative Committee on Housing at their regularly scheduled meeting, which was held on _____, 2002. During that meeting, it was the recommendation of the Housing Committee to:

- Approve your Request
- Disapprove your Request.

The reason(s) for disapproval were: _____

If you have any questions, please feel free to call (231) 271-4473.

Sincerely,

Chairman, Legislative Committee on Housing

cc: Client File

GWTHD Form Letter # 55
04/01/01

APPENDIX 8

Sample Letter

**NOTIFICATION
of
CHANGE
to
THE LEASE AGREEMENT**



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX

2605 N. West Bayshore Dr.

Peshawbestown, MI 49682

Office: 231/271-4473 Fax: 231/271-2025



(Name of Client)

(Address)

(City, State, ZIP)

**NOTIFICATION
OF
CHANGE TO
LEASE AGREEMENT**

Dear _____,

(Date)

This letter serves to advise you that there has been a change your Rental Lease / Homebuyer (MHOA) Agreement.

This change was recommended for approval by the Legislative Committee on Housing at their regularly scheduled meeting, which was held on _____, 2002. It was subsequently adopted by the Grand Traverse Band Tribal Council at their regularly scheduled meeting, which was held on _____, 2002.

This change goes into effect on _____, 2002.

A copy of the change is provided to you for your information / review (see attachment).

If you have any questions, please feel free to call (231) 271-4473.

Sincerely,

Bonnie L. Inman, Director
Housing Department

atch: Lease Change

cc: Client File

APPENDIX 9

Sample Form

MUTUAL HELP ANNUAL STATEMENT

**ANNUAL STATEMENT TO MUTUAL HELP PARTICIPANT
THE GRAND TRAVERSE BAND HOUSING DEPARTMENT**

PROJECT: WI 999 - 04	BALANCE AS OF	<u>Dec-00</u> (MM / YY)
HOME BUYER: <u>Allen Bigsky</u>	NUMBER:	<u>99-999-004 / 0092-01</u>
INITIAL PURCHASE PRICE	\$ <u>57,671.95</u>	
CURRENT AMORTIZATION SCHEDULE AMOUNT (Amount listed for month & Year of payoff - Located at upper right corner)	1)	<u>\$ 2,883.60</u>
<u>CREDITS TOWARD PURCHASE PRICE</u>		
A/C 2171 MONTHLY EQUITY PAYMENT (Amount in home buyers Mepa Account)	2) \$ <u>2,653.46</u>	Spread sheet statement <u>12/31/2000</u> MM/DD/YY
A/C 2172 VOLUNTARY EQUITY PAYMENT	3) \$ <u>69.92</u>	Possible Interest earned 9-00 to 12-00
A/C REFUNDABLE MH RESERVE (Cash contribution made by home buyer)	4) _____	
A/C 2914 UN-REFUNDABLE MH RESERVE (Land or work contribution made by home buyer)	5) _____	Cash Land / Work
A/C 2165 TAX AND INSURANCE RESERVE	6) _____	
A/C 2166 MAINTENANCE RESERVE	7) \$ <u>-</u>	
CREDIT TOWARD PURCHASE PRICE (Add lines 2 through 7 = line 8)	8) \$ <u>2,723.38</u>	
ACCOUNTS RECEIVABLE (ADMIN) (Amount owed yet to Admin) (Amount to be taken from Mepa to pay Admin)	9) \$ <u>-</u>	= 90.00 Month(s) X <u>0</u> If arrears were paid in full and admin pymt were made monthly
TOTAL CREDITS TOWARD PURCHASE PRICE (Minus line 9 from line 8 = line 10)	10) \$ <u>2,723.38</u>	
ACQUISITION PRICE AS OF ABOVE DATE (Minus line 10 from line 1 = line 11)	11) \$ <u>160.22</u>	
<u>Mary Otterman - Mutual Help Counselor</u> Calculation completed by		<u>1/15/2001</u> Date completed
_____ Reviewed and approved by		_____ Date approved

APPENDIX 10

Sample Letter

**NOTIFICATION
Of
PENDING CONVEYANCE**



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX
2605 N. West Bayshore Dr.
Peshawbestown, MI 49682

Office: 231/271-4473 Fax: 231/271-2025



(Name of Client)

(Address)

(City, State, ZIP)

**NOTIFICATION
OF
PENDING
CONVEYANCE**

Dear _____,

(Date)

This letter serves to advise you that you are nearing the end of the term for your Mutual Help and Occupancy Agreement (MHOA) which means, the home will be conveyed to you shortly. The following information is provided to help you prepare for that Conveyance of Title.

Balance Sheet: A balance sheet, showing the amount still owed, is attached for your review / information.

Date: The anticipated pay off date for your home is _____, 2002.

Associated Costs: Those costs, that have been checked, are applicable to the conveyance of your home. It is your responsibility to pay for these items.

- | | | |
|-------------------------------------------------|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Attorney Fees | <input type="checkbox"/> Closing Costs | <input type="checkbox"/> Credit Report |
| <input type="checkbox"/> Field Survey | <input type="checkbox"/> Financing Fees | <input type="checkbox"/> Inspections |
| <input type="checkbox"/> Mortgage Loan Discount | <input type="checkbox"/> Recording Fees | <input type="checkbox"/> Title Examination |
| | <input type="checkbox"/> Title Insurance | <input type="checkbox"/> Transfer Taxes |

Counseling. Pre-Closing Counseling is available, upon request.

Homeowners Insurance: Proof (i.e., a copy of the Policy or the Binder) showing that you have secured one years worth of paid Homeowners Insurance is required. This should be provided to the Housing Department at least one (1) week prior to the scheduled closing date.

If you have any questions, please feel free to call (231) 271-4473.

Sincerely,

(Resident Services Staff Signature)

atch: Balance Sheet

cc: Client File