

APPENDIX 11

Sample Letter

REPORT of DAMAGES

REPORT OF DAMAGES CAUSED BY OTHERS

I would like to report that damages were caused to my dwelling unit by a person (or persons) other than myself or one of those in my household. I would also like to ask that those damages be repaired. I do not, however, feel that I am responsible for the associated costs (labor and materials).

The following information is submitted in support of my claim.

Name of Head of Household: _____

My Mailing Address Is: _____

My Phone Number Is: _____

My Dwelling Unit Number is: _____

My Apartment Number is: _____

My Dwelling Unit is Located in the _____ Housing Area.

Date / Time of Incident: _____, 2002 _____ a.m. / p.m.

Names of Those Believed to be Responsible for the Damages:

A Brief Description of the Extent of Damages, how I Discovered them, What I Think Happened, and Why.

The Grand Traverse Band Police Department was notified. YES
 NO

They were notified at: _____
(date) (time)

A copy of the Police Incident Report is attached. YES NO

CERTIFICATION

*I affirm that the information provided on this Report is true and correct to the best of my knowledge. I further understand that misrepresentation of facts constitutes **fraud**.*

Client Signature

Date

cc: Client File
Maintenance Division Supervisor
Security Officer

APPENDIX 12

HUD ONAP NAHASDA GUIDANCE BULLETIN 99 - 02

Annual income has one of the following meaning, as determined by the Indian tribe:

1. Annual Income as defined for HUD's Section 8 programs in 24 CFR part 5, subpart F (except when determining the income of a homebuyer for an owner-occupied rehabilitation project, the value of the homeowner's principal residence may be excluded from the calculation of Net Family assets). Attachment A contains the regulation needed if this definition of annual income is used, Also, if using the HUD's Section 8 program definition of annual income, the tribe/TDHE must also exclude from annual income any amounts that are on the list of Federally Mandated Exclusions. This list is published from time to time in the Federal Register and the latest copy is included as Attachment B.

2. Annual income as reported under the Census long-form for the most recent available decennial Census. To further clarify, this means the definition of income used by the census, not the dollar amount reported. Attachment C contains the census definition. This will be used if this definition of annual income is chosen.

3. Adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 series for individual Federal annual income tax purposes.

On the 1997 1040 Form, this is line 32 and includes such adjustments as alimony paid, moving expenses, and individual retirement arrangement (IRA).

Keep in mind, that the only adjustment to gross income on the 1040A Form is the IRA deduction (adjusted gross income is on line 16) and there are no adjustments to gross income on the 1040EZ Form (use line 4).

Policies: The tribe/TDHE must indicate in their written policies that govern the eligibility, admission, and occupancy of families for housing assisted with NAHASDA funds the definition(s) of annual income that they will use. The tribe/TDHE does not need to limit their definition to only one of the three outlined in this guidance. For example, the policy may state that the tribe or TDHE will use the definition most advantageous to the family or to the housing entity.

Verification: Section 1000.128 of NAHASDA requires the tribe/TDHE to verify that the family is income eligible based on anticipated annual income. The family household's annual income may not exceed the applicable income limit (see NAHASDA Guidance No. 98-14, Income Limits, dated June 22, 1998).

The family is required to provide income documentation to verify this determination. The tribe/TDHE is required to maintain the documentation on which the determination of eligibility is based. The tribe/TDHE may require a family to periodically verify its income in order to determine housing payments or continued occupancy consistent with locally adopted policies.

Questions?

If you have any questions regarding the calculation of annual income for applicants and participants, please call your local Area Office of Native American Programs.

Attachment A - 24 CFR, Part 5, Subpart F (Section 5.609)- Annual Income

(a) Annual income means all amounts, monetary or not, which:

(1) Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or

(2) Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and

(3) Which are not specifically excluded in paragraph (c) of this section.

(4) Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

(b) Annual income includes, but is not limited to:

(1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;

(2) The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;

(3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (b)(2) of this section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;

(4) The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in paragraph (c)(14) of this section);

(5) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in paragraph (c)(3) of this section);

(6) Welfare assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:

(i) The amount of the allowance or grant exclusive of the amount specifically designated or shelter or utilities; plus

(ii) The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph (b)(6)(ii) shall be the amount resulting from one application of the percentage;

(7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;

(8) All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in paragraph (c)(7) of this section).

(c) Annual income does not include the following:

- (1) Income from employment of children (including foster children) under the age of 18 years;**
- (2) Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);**
- (3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in paragraph (b)(5) of this section);**
- (4) Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;**
- (5) Income of a live-in aide, as defined in Sec. 5.403;**
- (6) The full amount of student financial assistance paid directly to the student or to the educational institution;**
- (7) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;**
- (8)(i) Amounts received under training programs funded by HUD;**
 - (ii) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a plan to attain self-sufficiency (PASS);**
 - (iii) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;**
 - (iv) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;**
 - (v) Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;**
- (9) Temporary, nonrecurring or sporadic income (including gifts);**
- (10) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;**
- (11) Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);**
- (12) Adoption assistance payments in excess of \$480 per adopted child;**
- (13) Does not apply to tribes/TDHEs.**

(14) Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.

(15) Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;

(16) Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or

(17) Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

Attachment B - Federally Mandated Exclusions From Annual Income

Federally mandated exclusions are amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the United States Housing Act of 1937 and NAHASDA. A notice is published from time to time in the Federal Register identifying the benefits that qualify for this exclusion. Following is the comprehensive list of benefits that currently qualify for the income exclusion:

1. The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));
2. Payments to Volunteers under the Domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g));
3. The first \$2,000 per-person, per-annum of payments received under the Alaska Native Claims Settlement Act (Pub L. No. 102-415; 43 U.S.C. 1626c);
4. Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C.459e);
5. Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624(f));
6. Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552 (b)). Amounts received under AmeriCorps are to be treated like amounts received under the Job Training Partnership Act – to be excluded;
8. Income derived from the disposition of funds of the Grand River Band of Ottawa Indians (Pub. L. 94-540, 90 Stat. 2503-040);
9. The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claim Commission or the Court of Claim (25 U.S.C. 1407-08) or from funds held in trust for an Indian tribe by the Secretary of the Interior (25 U.S.C. 117b, 1407).

Please note the tribe or THDE may need to examine certain per capita shares to determine whether the proceeds are covered by this provision, such as bingo and gambling proceeds. Although some gaming funds are called "per capita payments", the National Indian Gaming Commission's General Counsel and the Solicitor's office of the Department of the Interior confirmed that the proceeds of gaming operations

regulated by the Commission are not funds that are held in trust by the Secretary for the benefit of an Indian tribe, therefore, they do not qualify as per capita payments within the meaning of the Per Capita Distribution Act.

Also, if a tribal member receives the Form 1099-Misc, Miscellaneous Income, from the tribe for reporting Indian gaming profits, this payment does not qualify for this provision. These gaming profits are income that must be included as annual income as defined by HUD's Section 8 Program, the Census, and the IRS. Further, the tribal member must report this miscellaneous income on the "other income" line of the Federal Income tax 1040 Form;

10. Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work study program or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087);

11. Payments received from programs funded under Title V of the Older Americans Act of 1965 (42 U.S.C. 3056(f));

12. Payments received on or after January 1, 1989 from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the "In Re Agent Orange" product liability litigation, M.D.L. No. 381 (E.D.N.Y.);

13. Payments received under the Maine Indian Claims Settlement Act of 1980 (Pub.L. 96-420, 94 Stat. 1785);

14. The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858);

15. Earned income tax credit (EITC) refund payments received on or after January 1, 1991 (26 U.S.C. 32).

Attachment C - 1990 U.S. Census's Definition of Income

For each person 15 years old and over, the Census counted income from the following sources:

1. Earnings. The Census Bureau classifies earnings from longest job (or self-employment) and other employment earnings into three types:

a. Money wage or salary income is the total income people receive for work performed as an employee during the income year. This category includes wages, salary, armed forces pay, commissions, tips, piece-rate payments, and cash bonuses earned, before deductions are made for items such as taxes, bonds, pensions, and union dues.

b. Net income from nonfarm self-employment is the net money income (gross receipts minus expenses) from one's own business, professional enterprise, or partnership.

c. Net income from farm self-employment is the net money income (gross receipts minus operating expenses) from the operation of a farm by a person on their own account, as an owner, renter, or sharecropper.

2. Unemployment compensation includes payments the respondent received from government unemployment agencies or private companies during periods of unemployment and any strike benefits the respondent received from union funds.

3. Workers' compensation includes payments people receive periodically from public or private insurance companies for injuries received at work.

4. Social security includes social security pensions and survivors' benefits and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance.
5. Supplemental security income includes federal, state, and local welfare agency payments to low-income people who are 65 years old and over or people of any age who are blind or disabled.
6. Public assistance or welfare payments include cash public assistance payments low-income people receive, such as aid to families with dependent children (AFDC, ADC), temporary assistance to needy families (TANF), general assistance, and emergency assistance.
7. Veterans' payments include payments disabled members of the armed forces or survivors of deceased veterans receive periodically from the Department of Veterans Affairs for education and on-the-job training, and means-tested assistance to veterans.
8. Survivor benefits include payments people receive from survivors' or widows' pensions, estates, trusts, annuities, or any other types of survivor benefits.
9. Disability benefits include payments people receive as a result of a health problem or disability (other than those from social security).
10. Pension or retirement income includes payments from the following sources: companies or unions; federal government (Civil Service); military; state or local governments; railroad retirement; annuities or paid-up insurance policies; individual retirement accounts (IRAs), Keogh, or 401(k) payments; or other retirement income.
11. Interest income includes payments people receive (or have credited to accounts) from bonds, treasury notes, IRAs, certificates of deposit, interest-bearing savings and checking accounts, and all other investments that pay interest.
- ~~12. Dividends include income people receive from stock holdings and mutual fund shares.~~
13. Rents, royalties, and estates and trusts includes net income people receive from the rental of a house, store, or other property, receipts from boarders or lodgers, net royalty income, and periodic payments from estate or trust funds.
14. Educational assistance includes Pell Grants; other government educational assistance; any scholarships or grants; or financial assistance students receive from employers, friends, or relatives not residing in the student's household.
15. Child support includes all periodic payments a parent receives from an absent parent for the support of children, even if these payments are made through a state or local government office.
16. Alimony includes all periodic payments people receive from ex-spouses. Alimony excludes one-time property settlements.
17. Financial assistance from outside of the household includes periodic payments people receive from nonhousehold members. This type of assistance excludes gifts or sporadic assistance.
18. Other income includes all other payments people receive regularly such: state programs such as foster child payments, military family allotments, and income received from foreign government pensions.

The Census Bureau does not count the following receipts as income:

- (1) capital gains people received (or losses they incur) from the sale of property, including stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the CPS counts the net proceeds as income from self-employment);
- (2) withdrawals of bank deposits;
- (3) money

borrowed; (4) tax refunds; (5) gifts; and (6) lump-sum inheritances or insurance payments.

For the prevailing information on the Bureau of the Census, U.S. Department of Commerce, visit their home page on the World Wide Web at <http://www.census.gov>.

APPENDIX 13

Sample Form

FENCE AGREEMENT

FENCE AGREEMENT

GENERAL INFORMATION

Name of Head of Household: _____

My Mailing Address Is: _____

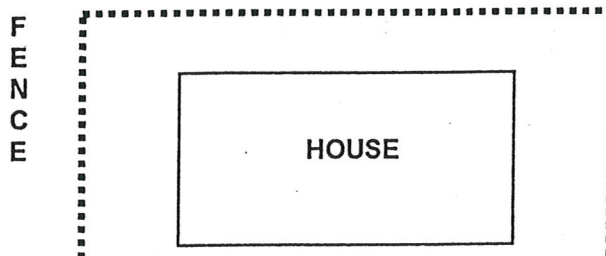
My Phone Number Is: _____

My Dwelling Unit Number is: _____

My Dwelling Unit is Located in the _____ Housing Area.

In exchange for being granted permission to put up a fence on my dwelling unit property, I agree to the following terms and conditions:

1. I agree that fencing shall be within the boundaries of the lot being fenced. In other words, along the lot line.
2. I agree to check with the Tribal Land Use Office, to schedule an appointment to get the property staked out, PRIOR to installing any type of fencing. This will ensure that fencing is installed on the property lot lines.
3. I agree to contact DIGGERS HOTLINE PRIOR to installing any type of fencing and have them check the property for buried utilities (i.e., phone lines, electric lines, natural gas lines, T.V. Cables, etc.). This will ensure there are **NO** obstructions when digging fence post holes.
4. I agree that fencing shall **NOT** extend any further, toward the road / street, than the point of the residence closest to the street, as illustrated here:



Road / Street

5. I agree to abide by the Housing Department's "**Fence Specifications**" Guide regarding the types of fences allowed, recommended materials, limits on dimensions, etc.
6. I agree to pay for **ALL** costs related to the installation of the fencing.
7. I agree to properly maintain the fence, once installed, so as **NOT** to create an eye sore in the community.
8. I agree to remove the fencing at time of MOVE-OUT and restore the property to its original state. In other words, remove the fencing (at my expense) and properly dispose of **ALL** materials.
9. I understand that should I fail to remove the fencing and return the property to its original state, at time of MOVE-OUT, the Housing Department shall take care of it. I, however, agree, to pay for **ALL** expenses incurred by the Housing Department in doing so.
10. I understand that, after Move-Out (either at my doing or as mandated by the Housing Department), I shall **NOT** be entitled to any compensation for expenses incurred which are relevant to the fence (i.e., labor and materials).
11. I understand that should I have any outstanding liability (i.e., a loan or other financing) for the fence, that that liability may **NOT** be assigned to the Housing Department following a voluntary or involuntary termination of my Rental Lease / Homebuyers (MHOA) Agreement.

~~~~~

### **CERTIFICATION**

*I do hereby agree to abide by the terms and conditions laid out in the Fence Agreement.*

---

*Client Signature*

---

*Date*

*cc: Client File  
Maintenance Division Supervisor*

# **APPENDIX 14**

## **FENCE SPECIFICATIONS**

---

## SPECIFICATIONS FOR INSTALLING FENCES

**Purpose:** This appendix to the Housing Departments OCCUPANCY Policy sets the general guidelines for fence materials and building practices. These Guidelines shall be used for planning purposes only. The final approval of a fence building project shall rest with the Grand Traverse Band Housing Department Director.

### 1. WOOD FENCES.

A. Wood fences will have the following characteristics:

- (1) All material will be of grade Number 2 or better.
- (2) All material will be cedar or treated fir (Proof of treatment required).
- (3) All treated fir above ground will have a retention rating of .25 or better, ground level and below will be .40 retention or better, (A .25 retention rating is approximately 1/4 pound of active ingredient per 1 cubic foot).
- (4) Posts will be straight 4" X 4" or larger and set in concrete with a minimum of 2' of depth.
- (5) All metal fasteners will be of a non-rust material.

### 2. METAL FENCES.

A. Metal fences will have the following characteristics:

- (1) All materials will be weather and rust resistant.
- (2) All posts will be no less than 2" diameter.
- (3) All posts will be set in concrete at a minimum depth of 2'.
- (4) All wire will be of cyclone variety or ornamental (no stock fence or chicken wire).



3. **ALL FENCES.**

- A. All fences are subject to the following:
  - (1) The maximum height in front yards will be 4'.
  - (2) The maximum height in back yards will be 6'.
  - (3) The front yard set back lines will be at 6'.
  - (4) The back yard set back will be 8'.
  - (5) No fence will cross property boundaries

4. **PROCEDURES.**

- A. The Housing Department Director must approve all fence projects.
  - B. Exceptions may be granted on a case by case basis.
  - C. The application for approval and As-Built drawings (showing where utilities are buried, etc.) will be at the Housing Department office.
  - D. The client agrees to maintain the fence in good condition.
  - E. The Housing Department reserves the right to have the fence removed at clients expense.
  - F. The client must obtain approval before digging begins.
  - G. The client will be held liable if utility lines are cut.
- 
5. The Housing Department Director must approve all fence projects; exceptions may be granted on a case-by-case basis. The application for approval can be obtained from the Housing Department office.
6. The client agrees to maintain the fence in good condition. Housing Department maintenance staff shall inspect the fence at completion to assure compliance with these standards.
7. The Housing Department reserves the right to have the fence removed at the clients expense if it is found to be in non-compliance with these standards and represents a safety risk.

# **APPENDIX 15**

## **Sample Form**

### **GRIEVANCE / COMPLAINT**

---

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS  
2605 N. West Bayshore Dr. (231) 271-4473  
Peshawbestown, MI. 49682 (231) 271-2025 Fax

HOUSING DEPARTMENT



GRIEVANCE / COMPLAINT FORM

Please complete all entries by using an ink pen or marker (NO Pencil entries please).  
For entries that are NOT APPLICABLE, please mark N/A. If you do not know what to  
put or are not sure what to put please ask the Housing Department staff or leave blank.  
Thank you! ☺

---

---

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

MY REPRESENTATIVE (LEGAL OR PERSONAL) IS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

---

---

THIS COMPLAINT IS IN REGARDS TO \_\_\_\_\_  
(List Individuals Name)

WHO IS A: HOUSING DEPARTMENT EMPLOYEE  HOUSING DEPARTMENT CLIENT  OTHER

---

---

DETAILS OF GRIEVANCE / COMPLAINT

REASON FOR GRIEVANCE / COMPLAINT: \_\_\_\_\_

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

**GROUND UPON WHICH GRIEVANCE / COMPLAINT IS BASED:** \_\_\_\_\_

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

**THIS GRIEVANCE / COMPLAINT IS SUBMITTED BECAUSE THERE WAS A VIOLATION OF:**

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

**PLEASE RECOUNT THE FACTS AS BEST YOU CAN:** \_\_\_\_\_

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

**DATE OF INCIDENT:** \_\_\_\_\_ **TIME OF INCIDENT:** \_\_\_\_\_

**WHERE THERE WITNESSES?** YES  NO

**IF YES, PLEASE PROVIDE THEIR NAMES AND PHONE NUMBERS:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**ARE THERE POLICE INCIDENT REPORTS?** YES  NO

**IF YES, PLEASE ATTACH COPIES.**

**ARE THERE COURT RECORDS?** YES  NO

**IF YES, PLEASE ATTACH COPIES.**

WERE GRIEVANCES / COMPLAINTS PREVIOUSLY  
FILED REGARDING THIS MATTER?

YES  NO

ARE THERE ANY RELEVANT DOCUMENTS YOU  
WOULD LIKE TO SUBMIT TO SUPPORT THIS  
GRIEVANCE / COMPLAINT?

YES  NO

IF YES, PLEASE ATTACH COPIES.

ACTIONS / REMEDIES / RELIEF THAT I AM SEEKING INCLUDE: \_\_\_\_\_

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

\*\*\* IF MORE SPACE IS REQUIRED, CONTINUE ON A SEPARATE \*\*\*  
\*\*\* SHEET OF PAPER AND ATTACH IT TO THIS FORM \*\*\*

CERTIFICATION

I, \_\_\_\_\_, affirm that the information  
provided here is true and correct to the best of my knowledge. I further understand that  
misrepresentation of facts constitutes fraud and could subject me to legal proceedings.

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
(Date)

**NOTE:** In accordance with the Housing Department Grievance / Compliant Policy, all  
Grievances / Complaints must be signed before they will be investigated or acted upon by the  
Housing Department.

*Please turn in completed Grievance / Complaint forms to the Housing Department Office.*

# **APPENDIX 16**

## **Sample Form**

### **ILLEGAL BOARDERS INQUIRY**

---



# 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



**ILLEGAL  
OCCUPANTS  
INQUIRY  
RENTAL**

\_\_\_\_\_  
(Name of Client)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(Date)

Dear \_\_\_\_\_,

It has come to the attention of the Housing Department that you have been giving accommodations to person(s) at your home / apartment whom you have not previously identified to us as being "legal occupants of the residence" as required by your Lease Agreement. Suspected illegal occupants are:

\_\_\_\_\_  
We would like to remind you that this is a violation of your Dwelling Lease and can lead to termination of that lease if corrective action is not taken. That portion of your lease, dealing with this matter, reads as follows:

**ARTICLE 6 - OCCUPANCY OF THE DWELLING UNIT** - Paragraph (a) **USE OF THE UNIT.** "The premises herein are leased to Tenant for use as a private family residence and uses normally incident thereto and for no other purpose. Tenant shall not assign this Agreement nor sublet or transfer possession of the premises, nor give accommodations to boarders or lodgers without the prior written consent of the Housing Department. Tenant further agrees not to use or permit the use of the dwelling unit for any illegal or immoral purpose or for any other than as a private dwelling solely for the Tenant and family. The following persons are legal occupants of the residence: \_\_\_\_\_"

Should you desire to have someone reside with you, you must submit a written request in which you identify the person(s) and length of stay. This can be on either a "temporary" or "permanent" basis. Following receipt and review of such a request, the Housing Department Director can grant permission for a **TEMPORARY** stay (**NOT TO EXCEED THIRTY (30) DAYS**) or a **PERMANENT** stay to "qualified" individuals.

You have ten (10) calendar days, from the date of this letter, to respond to this inquiry. For your convenience, all you need to do is complete the simple form (see attached), and return it to us in the enclosed self-addressed stamped envelope.

Should you have any questions regarding this matter, please feel free to call me at (231) 271-4473. Thank you for your cooperation.

Sincerely,

*atch: Response Form*

\_\_\_\_\_  
Resident Services Staff Signature

*cc: Client File*



Check only ONE box, fill in the requested information, and sign below. Return completed form to the Housing Department within ten (10) calendar days.

---

---

I, \_\_\_\_\_ would like to state for  
(Print Client Name)  
the record that \_\_\_\_\_  
(List names of suspected illegal occupant(s))  
is / are not residing with me at my home / apartment.

---

---

I, \_\_\_\_\_ would like to request  
(Print Client Name)  
permission to have \_\_\_\_\_  
(List names of temporary occupant(s))  
reside with me at my home / apartment.

This would be for a **temporary** period \_\_\_\_\_  
(List dates)  
I understand that "temporary" means "not to exceed thirty (30) days".

---

---

I, \_\_\_\_\_ would like to request  
(Print Client Name)  
permission to have \_\_\_\_\_  
(List names of new permanent occupant(s))  
reside with me at my home / apartment.

This would be on a **permanent** basis. I understand that I (and those listed here) must comply with the provisions of the Housing Department Admissions Policy.

---

(Typed/Printed Name of Client)

---

(Signature of Client)

---

(Date)

# **APPENDIX 17**

## **Sample Form**

### **HOUSEHOLD COMPOSITION**

---

# HOUSEHOLD COMPOSITION FORM

| Names of Household Members<br>(Last, First, MI) | Relationship to Applicant<br>(Wife, Son, Dau, Friend) | Date of Birth<br>(MO/DAY/R) | Place of Birth<br>(City/State) | Full Time Student<br>(Yes/No) | Disabled or Handicapped<br>(Yes/No) | Social Security Number | Sex<br>(Male/Female) | Citizenship or Alien Status |
|-------------------------------------------------|-------------------------------------------------------|-----------------------------|--------------------------------|-------------------------------|-------------------------------------|------------------------|----------------------|-----------------------------|
| 1                                               | HEAD OF HOUSEHOLD                                     |                             |                                |                               |                                     | / /                    |                      |                             |
| 2                                               |                                                       |                             |                                |                               |                                     | / /                    |                      |                             |
| 3                                               |                                                       |                             |                                |                               |                                     | / /                    |                      |                             |
| 4                                               |                                                       |                             |                                |                               |                                     | / /                    |                      |                             |
| 5                                               |                                                       |                             |                                |                               |                                     | / /                    |                      |                             |
| 6                                               |                                                       |                             |                                |                               |                                     | / /                    |                      |                             |
| 7                                               |                                                       |                             |                                |                               |                                     | / /                    |                      |                             |
| 8                                               |                                                       |                             |                                |                               |                                     | / /                    |                      |                             |

# **APPENDIX 18**

## **Sample Form**

### **HOUSEHOLD INCOME**

---

# HOUSEHOLD INCOME FORM

| Names of Household Members<br>(Last, First, MI) | Wages, Salaries, Tips, Etc.<br>(Hr/Wk/Mo) | Social Security Pension or SSI<br>(Per Month) | W-2<br>(Per Month) | General Assistance Payment<br>(Per Month) | Foster Child Care<br>(Per Month) | Kinship Care<br>(Per Month) | Child Support Payment Received<br>(Per Wk/Mo) | Other<br>(Amount) |
|-------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------|-------------------------------------------|----------------------------------|-----------------------------|-----------------------------------------------|-------------------|
| 1                                               | \$                                        | \$                                            | \$                 | \$                                        | \$                               | \$                          | \$                                            | \$                |
| 2                                               | \$                                        | \$                                            | \$                 | \$                                        | \$                               | \$                          | \$                                            | \$                |
| 3                                               | \$                                        | \$                                            | \$                 | \$                                        | \$                               | \$                          | \$                                            | \$                |
| 4                                               | \$                                        | \$                                            | \$                 | \$                                        | \$                               | \$                          | \$                                            | \$                |

**TOTAL ANNUAL "HOUSEHOLD" INCOME:** \$ \_\_\_\_\_

If you are receiving CHILD SUPPORT or FOSTER CARE, please provide the following:

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

**If you indicated you have ZERO income, please complete the APPLICATION ADDENDUM.**

**NOTE: Social Security and W-2 Verifications must be provided by the applicant.**

**APPENDIX 19**

**Sample Form**

**STATE OF WISCONSIN  
CRIMINAL HISTORY  
RECORD REQUEST**



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

DJ-LE-250 (Rev. 3/00)

DIVISION OF LAW ENFORCEMENT SERVICES  
Crime Information Bureau  
Record Check Unit

WISCONSIN CRIMINAL HISTORY  
SINGLE NAME RECORD REQUEST

PO Box 2688  
Madison, WI 53701-2688  
608/266-5764  
V/TTY 608/267-8902

A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional instructions and information. Please print legibly or type.

Requestor Type - Check Only One

- Government Agency \$5.00
- General Public \$13.00
- Nonprofit Org. \$2.00
- Nonprofit # ES- \_\_\_\_\_
- Public Defender (Fee Exempt)
- SPD # \_\_\_\_\_

Request Purpose - Check Only One

- General Information
- Public Housing
- Caregiver - General (Add \$2.50 DHFS fee)
- Child Day Care - Caregiver (Add \$2.50 DHFS fee)
- Provide either Facility # \_\_\_\_\_
- or Certifying Agency # \_\_\_\_\_

Payment Type - Check Only One

- Bill Account  
Number # \_\_\_\_\_
- Amount  
Enclosed \$ \_\_\_\_\_

Search for a Record on: (Please type or print legibly)

\* Name : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

\* Sex: \_\_\_\_\_ \* Race: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM) (DD) (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)

\* Required Data

Return request to: (Include a self-addressed, postage-paid envelope)

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

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

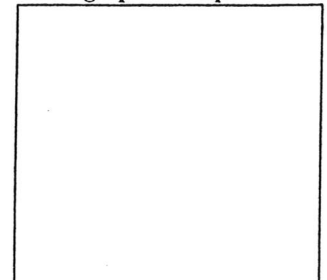
City, State, \_\_\_\_\_ FAX: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

FOR CIB USE ONLY

If an individual is requesting his or her own record *and* wishes to guarantee the correct record is furnished, a legible inked fingerprint impression of the right index finger must accompany this request.

Right Index  
Fingerprint Impression



## General Instructions

Use form DJ-LE-250 to request a criminal background check on a single individual. Use form DJ-LE-250A to request background checks on multiple persons. Wisconsin Statutes 19.35(1) and 165.82 provide that any person or entity may request a criminal background check. The subject of the inquiry may be any person. Wisconsin adult criminal history data held by the Crime Information Bureau is public information. Wisconsin does not release juvenile information unless statutorily authorized.

The Wisconsin Criminal History Record Request must provide:

- (1) **Requestor Type.** Check the box for your requestor type. If you are a nonprofit organization, you must include your nonprofit number. If you are a state public defender, you must include your SPD number.
- (2) **Request Purpose.** Check the "General Information" box unless you need the special processing described below. Requests received without a request purpose checked will be processed as "general information."

Public Housing entities are eligible under federal rules for information from the FBI's Interstate Identification Index. Check the "Public Housing" box to request information from CIB and FBI files. No record will be provided from the FBI files, but public housing entities will be advised if a record exists, and they may then initiate a fingerprint-supported background check.

Caregiver Background Check processing should be used by entities or individuals required to do caregiver background checks under s. 50.065, and child care entities under s. 48.685. The caregiver background check includes a Wisconsin criminal background check, a license and registry check from the Wisconsin Department of Health and Family Services (DHFS) and a professional credential check from the Wisconsin Department of Regulation and Licensing (DRL). The results of the caregiver background check from DHFS/DRL are returned separately from the Wisconsin criminal history results. Child day care providers with day care facility numbers (assigned by the Division of Children and Family Services in DHFS) or with certifying agency numbers (assigned by the Wisconsin Department of Workforce Development(DWD)) must check the "Child Day Care" box and provide their facility or agency number. All other entities and individuals covered by the Caregiver legislation must check the "Caregiver Background Check - General" box.

- (3) **Payment Type.** Wisconsin s. 165.82 requires CIB to charge a fee for background checks. If appropriate, include DHFS Caregiver fee in Amount Enclosed. If you have an account and wish to be billed, enter your account number. Account customers will be billed monthly. A check or money order must accompany all other requests. Make checks payable to the Wisconsin Department of Justice.
- (4) **Enter the complete name, sex, race, and date of birth of the individual being checked.** Entry of social security number is optional, but please be aware that this number is one of the unique identifiers used by the Crime Information Bureau and by the Department of Health and Family Services. Social Security numbers help prevent incorrect matches.
- (5) **A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included.** This form will be returned and stamped "No Record" if there is no public criminal information on file at CIB. The form will be accompanied by public criminal history information if a record is found. Please allow 10 business days for the CIB record check and reasonable mailing time by the postal service. Do not provide an additional envelope for Caregiver results. General Caregiver results will be returned to the address specified in the "Return request to" section and Child Daycare results will be returned to the address on file at DHFS or DWD.
- (6) **Complete the "Return request to" section.**

Mail requests to: Crime Information Bureau  
Attn: Record Check Unit  
PO Box 2688  
Madison, WI 53701-2688

**165.82 CRIMINAL HISTORY SEARCH FEE.** (1) Notwithstanding ss. 19.35(3) the Department of Justice shall impose the following fees for criminal history searches for purposes unrelated to criminal justice:

- (a) For each record check, except a fingerprint card record check, requested by a nonprofit organization, \$2.
  - (ag) For each record check, except a fingerprint card record check, requested by a governmental agency, \$5.
  - (ar) For each fingerprint card record check requested by a governmental agency, \$10.
  - (b) For each record check by any other requestor, \$13.
- (2) The Department of Justice shall not impose fees for criminal history searches for purposes related to criminal justice.

**1999 WISCONSIN ACT 9** This act authorizes the Department of Health and Family Services to impose a fee for caregiver checks submitted to that agency. This fee has been set at \$2.50 and is effective May 1, 2000. The Department of Justice has agreed to collect this fee for DHFS.

## Requestor Type Category Definitions

**Nonprofit Organization (\$2 Fee)** – An organization in which no part of the income is distributable to its members, directors or officers. Record check requests submitted to the Crime Information Bureau by nonprofit organizations must include the assigned nonprofit number or other such information that will allow verification of "nonprofit" status.

**Governmental Agency (\$5 Fee)** – A federal, state, county or municipal governing body created by constitution, state, code, charter, ordinance, rule or order and any formally constituted subunit or agency thereof.

**Any Other Requestor (\$13 Fee)** – Includes any individual, agency or organization that does not meet the definition of governmental agency, nonprofit organization or a criminal justice agency involved in the administration of criminal justice.



**APPENDIX 20**

**Sample Form**

**HOUSING DEPARTMENT  
AUTHORIZATION**

---

**for the  
RELEASE of INFORMATION**

# GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

2605 N. West Bayshore Dr.  
Peshawbestown, MI. 49682

Phone (231) 271-4473  
Fax (231) 271-2025

## HOUSING DEPARTMENT

### AUTHORIZATION FOR RELEASE OF INFORMATION

**PURPOSE:** The Grand Traverse Band Housing Department may use this Authorization and the information obtained with it to administer and enforce Tribal and Federally subsidized Housing program rules and policies.

**PROGRAMS COVERED:**

1. Rental Housing (Single Family, NAHASDA Elderly, Section 515)
2. Homeownership Programs (Mutual Help & Tax Credit)
3. Rental Assistance (Formerly Section 8/Voucher)
4. HUD Section 202 Elderly Rental
5. Emergency Housing Shelter
6. Housing Department Loan Programs
7. Federal Loan & Loan Guarantee Programs (VA, HUD Sec 184, Rural Development Section 502, 504 & RNAP)

**AUTHORIZATION:** I, authorize the release of any information, including documentation and other material pertinent to eligibility for participation under any of the above named programs. Additionally, I authorize the Grand Traverse Band Housing Department to obtain information about me or my family that is pertinent to eligibility for participation in any of the above named programs.

**INFORMATION COVERED:** Inquires may be made and information provided on the following:

|                                                       |                           |                                          |
|-------------------------------------------------------|---------------------------|------------------------------------------|
| W-2 Payments                                          | G.A.P. Payments           | Federal, State, Tribal or Local Benefits |
| Credit History                                        | Criminal Activity         | Family Composition                       |
| Medical Expenses                                      | Identify Martial Status   | Employment, Pensions and Assets          |
| Social Security Numbers                               | Child Care Payments       | Handicapped Assistance Expenses          |
| Residents Rental History                              | Unemployment Compensation | Wages                                    |
| Loan Paperwork (all types)                            | Mortgage Loan Approvals   | Foreclosure Notices (on Loans)           |
| Delinquency Notices (on Loans, Rent, Utilities, etc.) |                           |                                          |

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:** Any individual or organization, including any governmental organization, may be asked to release information. Examples of such agencies/organizations are:

Financial Institutions (all types)  
Tribal/County/State/Federal Courts  
Credit Bureaus  
Landlord(s) (Past/Present)  
U.S. Social Security Administration  
Utility Companies  
Bureau of Indian Affairs (BIA)

Welfare Agencies  
Law Enforcement Agencies  
Employers (Past/Present)  
Schools and Colleges  
U.S. Dept. of Veterans Affairs  
U.S. Dept. of HUD  
U.S. Dept. of AG, Rural Dev.

**PROVIDERS OF:**

Alimony, child care, credit,  
child support, medical care,  
handicapped assistance, Pension,  
Annuities

**CONDITIONS:** I, agree that photocopies of this authorization may be used for the purpose stated above. I, also understand that if I do not sign this authorization for the release of information, I can be denied eligibility for Tribal and/or Federal Housing Assistance.

\_\_\_\_\_  
(Head of Household Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Spouse / Friend / Significant Other Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Other Household Member - over 18 years of age -Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Other Household Member - over 18 years of age -Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date)