

**APPENDIX 36**

**Sample Form**

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**ROACH SPRAYING  
TREATMENT  
NOTICE**



# 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)

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

## ROACH SPRAYING TREATMENT NOTICE

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

The **Grand Traverse Band Housing Department** has scheduled a ROACH SPRAYING TREATMENT for your unit \_\_\_\_\_, located at \_\_\_\_\_, on \_\_\_\_\_, 2002 at \_\_\_\_\_ a.m. / p.m.

Spraying / Treatment of roaches will also be scheduled to be done on your unit every \_\_\_\_\_ of each month.

An information sheet on ROACHES & PREPARING YOUR UNIT FOR TREATMENT is attached for your convenience. ***Please read this material and prepare your unit for treatment.***

**NOTICE:** *In the event of bad weather, it may be necessary to cancel the scheduled treatment on short notice. Should this be necessary, the Housing Department staff will contact you, advise you of the situation, and reschedule you as soon as possible.*

If you have any questions, please call the Housing Department at (231) 271-4473.

Sincerely,

Encl: Information Sheets

\_\_\_\_\_  
Housing Department Staff Signature

cc: Maintenance Division  
Client File

GVTTD Form Letter # 49  
(02/01/01)



# 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)

**ROACH FOG  
TREATMENT  
NOTICE**

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

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

The **Grand Traverse Band Housing Department** has scheduled a roach FOG TREATMENT for your unit \_\_\_\_\_, located at \_\_\_\_\_, on \_\_\_\_\_, 2002 at \_\_\_\_\_ a.m. / p.m.

Fogging / Treatment of roaches will also be scheduled to be done on your unit every \_\_\_\_\_ of each month.

An information sheet on **ROACHES & PREPARING YOUR UNIT FOR TREATMENT** is attached for your convenience. ***Please read this material and prepare your unit for treatment.***

**NOTICE:** *In the event of bad weather, it may be necessary to cancel the scheduled treatment on short notice. Should this be necessary, the Housing Department staff will contact you, advise you of the situation, and reschedule you as soon as possible.*

If you have any questions, please call the Housing Department at (231) 271-4473.

Sincerely,

\_\_\_\_\_  
Housing Department Staff Signature

Encl: Information Sheets

cc: *Maintenance Division  
Client File*

GTBHD Form Letter # 50  
(04/01/02)

**INFORMATION ON COCKROACHES**

Cockroaches come in from outdoors or from adjoining buildings and apartments. Often they are carried into a home unwittingly with bags, boxes and laundry. In some instances, a friend or neighbor (with an existing roach problem) could unwittingly bring one into your home as well.

Cockroaches hide in small, dark, damp places. Usually these areas are near a water and food source. They can be found in other areas of the home as well, such as dressers, closets and basements, but only when the population is excessive in the primary feeding areas. They typically come out at night to feed.

Given the right conditions (dirty, damp, warm areas with sufficient food supply), roaches will breed rapidly. There are, on average, **36** baby roaches per egg capsule. Baby roaches mature quickly and within two months are ready to mate. A mature female roach will produce one egg capsule per month during her nine-month lifetime.

Killing roaches takes time. Most sprays do not kill instantly. Roaches must walk over residual sprays to pick up a lethal dose and it may take several hours before they die.

**LITTLE CAN BE DONE WITHOUT PROPER SANITATION  
AND GOOD HOUSEKEEPING.**

**PESTICIDES CAN NOT SUBSTITUTE FOR GOOD HOUSEKEEPING.**

\*\*\*\*\*

**CLEANING YOUR HOME  
TO HELP ELIMINATE HOUSEHOLD PESTS**

1. Your home should be cleaned on a daily basis.
2. Stoves need to be moved as well, so that grease can be cleaned off the sides & from the floor underneath.
3. Refrigerators need to be moved away from the wall so they can be vacuumed in the back and the floor underneath cleaned.
4. Spillage in cupboards should be cleaned daily.
5. Excess food should be stored in the refrigerator, **NOT** on the counter tops.
6. Paper bags **SHOULD NOT** be stored along side of the refrigerator.
7. Items stored in closets or basements **SHOULD NOT** be stored in cardboard boxes or on the floor as roaches live in the core of the boxes.



**WHAT YOU NEED TO DO TO GET PREPARED  
BEFORE YOUR UNIT CAN BE SPRAYED / FOGGED**

1. All exposed food or open containers of food should be removed from the counter tops and cupboards and placed in the refrigerator or in airtight containers.
2. Any spillage should be cleaned up.
3. Remove all dishes, pots and pans, food, etc. from all kitchen cupboards, place them in the middle of the room, and cover them with a sheet.
4. Pull out the stove and the refrigerator at least **3** feet from the wall. Be careful with electrical cords and gas lines. The sides of the stove and refrigerator should be cleaned. The inside of the stove (broiler, oven, and burner areas) should be cleaned as well.
5. Pull out all of the bathroom and kitchen drawers. Place them in the middle of the room.
6. Make sure all furniture is moved at least **2** feet away from the walls.
7. If possible, place all clothing and bedding in plastic bags. If this is not done, it is recommended that all exposed clothing and bedding be washed after treatment (Fogging).
8. Household pets should be removed from the house during treatment.
9. Close all windows.
10. Be prepared to stay out of your home for at least **8** hours after the treatment, especially children.
11. Make sure you have your house key with you. We will lock up your unit after the treatment is finished.

**IT IS ESSENTIAL THAT CLEANING BE DONE BEFORE  
SPRAYING / FOGGING BEGINS**

**PLEASE BE PREPARED**

**HAVE YOUR UNIT CLEANED AND READY FOR FOGGING**

Thank you

Grand Traverse Band Housing Department

## PEST CONTROL AFTER TREATMENT

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### TENANT INSTRUCTIONS

1. You may re-enter your unit after **8** hours.
2. Open doors and windows to ventilate.
3. Wash all tables and countertops down with soap and hot water.
4. Wash your entire stove, both inside and outside.
5. Wash all exposed dishes and utensils.
6. Wash all expose clothing or bedding.
7. Put dishes, pots and pans, etc. back in the drawers and cupboards.

### WHAT NOT TO DO!

1. **DO NOT** wash areas fogged for **30** days after treatment. Stay at least **2** inches away from the baseboards when washing the floors.

Thank you

**Grand Traverse Band Housing Department**

# **APPENDIX 37**

## **Sample Letter**

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### **NOTIFICATION of LEASE VIOLATION**



# 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  
LEASE VIOLATION**

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

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

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

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

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

This letter serves to advise you that you have violated your Rental Lease / Mutual Help (MHOA) Agreement.

**Date of Violation(s):** \_\_\_\_\_

**Nature of Violation(s):** The following paragraph(s) / section(s) of your Lease have been violated:

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

**Consequences of Violation(s).** Failure, on your part to correct the violation(s) IMMEDIATELY, can result in the Termination of your Lease Agreement

**Planned Action(s) of the Housing Department:** \_\_\_\_\_

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



**Mandatory Counseling.** In order to correct this problem, the Housing Department staff has determined that you need mandatory \_\_\_\_\_ counseling. You have been scheduled for that counseling, at the Housing Department office, at \_\_\_\_\_ a.m. / p.m. on \_\_\_\_\_, 2002.

**Corrective Action.** If you can not meet the planned action(s) of the Housing Department, or the Mandatory Counseling required to correct this violation, then you are hereby advised of your right to meet with your Resident Services Counselor and / or the Housing Director to work out a "jointly" agreed to plan of action to correct the violation(s) in a timely manner. If you choose this option, please call the Housing Department for an appointment immediately.

**Right to File a Grievance.** Should you feel that a lease violation did not occur, or if you do not agree with the planned actions of the Housing Department, to correct this lease violation, you are hereby advised of your right to "Grieve" that decision in accordance with the Housing Department's Grievance Policy.

If you have any questions regarding this matter, please feel free to call your Resident Services counselor at (231) 271-4473.

Sincerely,

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Resident Services Staff Signature

cc: Resident Services Manager  
Client File

# **APPENDIX 38**

## **Sample Letter**

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### **DELIQUENCY NOTICE**



# 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)

**DELINQUENT  
NOTICE**

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

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

The purpose of this notice is to advise you that your account is in ARREARS and that you are in non-compliance with your Lease (Rental / Homebuyer – as applicable) Agreement. We have reviewed the past and present billing history for your account and determined the following:

PAST DUE:	\$ _____	(Previous Month(s))
+ CURRENT AMOUNT DUE:	\$ _____	(This Month)
= TOTAL AMOUNT DUE (ARREARS):	\$ _____	

**The Housing Department hereby requires that you pay the sum of \$ «total» by «due date».**

Your failure to pay the above-mentioned amount by «due date» shall result in you receiving a "FINAL NOTICE". TERMINATION can result from this action being taken. NOTE: You could then be held responsible to pay for any filing fees, court fees and Attorney fees that are necessitated by court action.

Pursuant to the **Grand Traverse Band Housing Department** Rent and Collections Policy, counseling assistance is available to delinquent Client's in an effort to minimize the need to resort to eviction as a remedy. You may request such assistance from your Resident Services Counselor, «full name» who can be contacted at **(231) 271-4473**.

***If your FULL payment has recently been made, please disregard this notice.***

Sincerely,

\_\_\_\_\_  
Resident Services Counselor

cc: Client File

GTBHD Form Letter # 28A  
(06/01/02)

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**APPENDIX 39**

**Sample Letter**

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**FINAL  
NOTICE**





# 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)

**FINAL  
NOTICE**

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

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

Last week you were sent notification from your Resident Services Counselor, «full name» that your monthly payment was past due and that your account was in arrears (delinquent). You were given five (5) business days to correct this. You were also informed that your failure to respond would result in a FINAL NOTICE.

The purpose of this notice is to advise you that we still have not received your FULL payment for that ARREARS balance. **The Housing Department hereby requires that you pay the balance due «\$ amount due» by «due date».**

Your failure to pay the delinquent balance due by «due date» shall result in you receiving a "~~PENDING LEGAL ACTION NOTICE~~". **TERMINATION** can result from this action being taken. NOTE: You could then be held responsible to pay for any filing fees, court fees and Attorney fees which are necessitated by court action.

Pursuant to the **Grand Traverse Band Housing Department** Rent and Collections Policy, counseling assistance is available to delinquent Client's in an effort to minimize the need to resort to eviction as a remedy. You may request such assistance from your Resident Services Counselor, «full name» who can be contacted at **(231) 271-4473**.

***If your FULL payment has recently been made, please disregard this notice.***

Sincerely,

\_\_\_\_\_  
Resident Services Manager

cc: Client File

GTBHD Form Letter # 28B  
(06/01/02)

# **APPENDIX 40**

## **Sample Letter**

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### **LEGAL ACTION PENDING NOTICE**



# 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  
LEGAL ACTION  
RENTAL**

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

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

On \_\_\_\_\_, your Resident Service Counselor advised you that your account with the Housing Department was in arrears, the amount that was past due, and your options on how to take corrective action.

On \_\_\_\_\_, the Resident Services Manager sent you a reminder that you had failed to meet the stated deadline for taking corrective action on this matter and that **TERMINATION OF YOUR LEASE and EVICTION** could result.

Because you have failed to take corrective action on this matter, our only remaining option is to turn this matter over to our attorney for legal action. The attorney will contact the **Grand Traverse Band Tribal court** and schedule a hearing date regarding the **TERMINATION OF YOUR LEASE**.

If you would like to avoid court action on this matter, you have five (5) business days from the date of this notice to come in and see your Resident Services Counselor, (\_\_\_\_\_) to make arrangements on your arrears balance.

***If we do not hear from you by the end of that five (5) day period, you will receive official notification that your lease is being terminated and that the matter has been turned over to our attorney for processing through the Grand Traverse Band Tribal court.*** If you have any questions, please feel free to call (231) 271-4473.

Sincerely,

\_\_\_\_\_  
Bonnie L. Inman, Director  
Housing Department

cc: Client File, Program Attorney

# **APPENDIX 41**

## **Sample Letter**

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### **TERMINATION Of LEASE AGREEMENT NOTICE**





# 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  
TERMINATION  
OF  
LEASE AGREEMENT**

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

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

Pursuant to your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement, executed by you with the Housing Department on \_\_\_\_\_, you are hereby notified that your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement to the dwelling unit located at: «unit number», «unit area / city», is being terminated, effective thirty-(30) calendar days from the date of this letter («date»).

The reason(s) your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement is being terminated are as follows:

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

You must vacate the property on or before («date»), as stated above. The property must be left in a clean and good condition. The keys must be returned to the Housing Department. You shall be responsible for any costs associated with repairs and / or clean up of the dwelling unit

Your failure to vacate the property shall result in EVICTION proceedings in **Grand Traverse Band Tribal Court**. If court action is necessary, the Housing Department shall request that you pay all legal fees, court costs, and attorney fees associated with the EVICTION.

If you wish to appeal the termination of your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement you must request a hearing. The request must be in writing, and submitted within ten (10) calendar days of receipt of this notice. Your request must contain the reason(s) for your appeal and must be delivered to the Housing Department. If your request for appeal meets the above conditions, a hearing shall be scheduled at least five (5) calendar days prior to the effective termination date of the Rental Lease / Mutual Help and Occupancy (MHOA) Agreement.

Sincerely,

\_\_\_\_\_  
Housing Director

cc: Housing Attorney's Office, Resident Services Manager, Client File

GTBHD Form Letter # 23  
06/01/02

# **APPENDIX 42**

## **Sample Letter**

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### **ANNUAL RE-CERTIFICATION NOTICE**



# 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 ANNUAL RE-EXAM

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

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

The **Grand Traverse Band Housing Department** requires that the total HOUSEHOLD income of all families living in housing be re-examined each year to ensure that the proper amount is being charged for Rental Lease / Homebuyer (MHAO Agreement payments).

Our records indicate that you are due for a re-exam. In order to do the re-exam, we must document all of your HOUSEHOLD income. You will need to complete the enclosed HOUSEHOLD INCOME and HOUSEHOLD COMPOSITION FORM's and sign the RELEASE OF INFORMATION form. (This includes income and signatures for everyone residing in your unit who is 18 years of age or older.)

***Any payment adjustments resulting from annual re-exams shall go into effect on the 1<sup>st</sup> day of «enter month».***

Please attach all supporting income verification documentation (i.e., your most recent check stubs, court papers for child support, unemployment papers, Social Security, etc.). If you are claiming childcare, you will need to pick up a CHILD CARE Verification Form at the front desk of the Housing Department. If you are self-employed, you are required to bring in your most recent INCOME TAX Forms (i.e., IRS 1040) for income verification.

The HOUSEHOLD Composition form and the RELEASE OF INFORMATION form must be completed in full and returned to the Housing Department no later than «date». Failure to provide us with current information could result in the Termination of your Rental Lease / Homebuyer (MHOA) Agreement.

If you have any questions, please contact this office.

Sincerely,

\_\_\_\_\_  
Resident Services Counselor

Atch: Household Composition Form  
Household Income Form  
Release of Information Form

cc: Client File

GTBHD Form Letter # 61  
(04/02/02)





# 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)

**SECOND AND FINAL  
NOTIFICATION  
OF  
ANNUAL RE-EXAM**

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

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

Recently you were notified the need for you to complete a HOUSEHOLD INCOME and HOUSEHOLD COMPOSITION Form as part of your Annual Re-exam. Because you failed to respond within the time frame specified, I have set up an appointment for you to come into the office to complete your Re-Exam. Your appointment has been set for [Enter Date and Time Here].

Prior to your appointment, you will need to complete the enclosed HOUSEHOLD INCOME and HOUSEHOLD COMPOSITION Forms and sign the RELEASE OF VERIFICATION form. (This includes income and signatures for everyone residing in your unit who is 18 years of age or older.)

***Any payment adjustments resulting from Annual Re-Exams shall go into effect on the 1<sup>st</sup> day of «enter month».***

Please attach all supporting income verification / deduction documentation (i.e., your most recent check stubs, court papers for child support, unemployment papers, Social Security, etc.). If you are claiming childcare, you will need to pick up a CHILD CARE Verification Form at the front desk of the Housing Department. If you are self-employed, you are required to bring in your most recent INCOME TAX Forms (i.e., IRS 1040) for income verification.

***Your failure to show up for this appointment and your failure to provide us with current information regarding your Household Income / Composition could result in the Termination of your Rental Lease / Homebuyer (MHOA) Agreement.***

If you have any questions, please contact this office.

Sincerely,

\_\_\_\_\_  
Resident Services Counselor

Atch: Household Composition Form  
Household Income Form  
Release of Information Form

cc: Client File

GTBHD Form Letter # 61  
(04/02/02)



# **APPENDIX 43**

## **Sample Form**

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### **MONTHLY PAYMENT CALCULATION WORKSHEET**

**GTB HOUSING DEPARTMENT  
RENTAL ASSISTANCE PROGRAM**

INSERT ANNUAL INCOME		(Per Public Law 104-330 NAHASDA)								\$	23,430.00
Someones Name	Employment	\$	6.00	X	40	X	52	X	1	\$	12,480.00
Family Members Name	Social Security	\$	200.00	X	12	X	1	X	1	\$	2,400.00
Family Members Name	Percapita Pymt	\$	100.00	X	26	X	1	X	1	\$	2,600.00
Family Members Name	Taxes	\$	5,950.00	X	1	X	1	X	1	\$	5,950.00
		\$	-	X	1	X	1	X	1	\$	-
		\$	-	X	1	X	1	X	1	\$	-

**UN-ADJUSTED INCOME**

Total Income	\$	23,430.00
+ Cash Assets	\$	-
= Annual Income	\$	23,430.00
-:- by 12 Months	\$	1,952.50

**ADJUSTED INCOME**

Total Income	\$	23,430.00
- Child Deduction(s)	\$	2,400.00
- Elderly Deduction	\$	400.00
- Child Care	\$	1,500.00
- Mileage	\$	1,300.00
- Court ordered supp.	\$	4,000.00
= Adj. Annual Income	\$	13,830.00
-:- by 12 Months	\$	1,152.50

480 x 5 =

B

**ESTIMATED HOUSING VOUCHER SUBSIDY**

1 Payment Standard (According to county)	\$	560.00
2 Adjusted Income (line B)	\$	1,152.50
3 30 % of Monthly Adjusted income (line 2 x 30 %)	\$	345.75
4 Housing Voucher Subsidy Payment Standard / Estimated (line 1 - line 3)	\$	214.25

**CHECK MINIMUM TOTAL TENANT PAYMENT (TTP) GROSS RENT**

5 Rent to Owner (Gross Rent)	\$	500.00
<b>MINIMUM TENANT PAYMENT</b>		
Monthly Un-Adjusted Income (line A)	\$	1,952.50
Minimum Tenant Payment (line 8 x 10 %)	\$	195.00

**TOTAL TENANT PAYMENT**

8 Total tenant payment = the greater of:					
Gross Rent (line 5)	\$	500.00	Minus (line 4)	\$	214.25
or					
Minimum Tenant Payment (line 9)	\$	195.00		\$	286.00

**HOUSING VOUCHER SUBSIDY**

9 Housing Voucher Subsidy = the Lesser of:					
Gross Rent (line 5)	\$	500.00	Minus (line 10)	\$	286.00
or					
Housing Voucher Subsidy / estimated (line 4)	\$	214.25		\$	214.00

**DETERMINE HOUSING ASSISTANCE PAYMENT & UTILITY REIMBURSEMENT**

10 Housing Assistance Payment (HAP) to Owner = Lessor of:					
Housing Voucher Subsidy (line 11)	\$	214.00			
or					
Rent to Owner (line 5)	\$	500.00		\$	214.00
11 Utility Reimbursement to Family = (line 11 - line 12)	\$	-			

**TENANT RENT & TOTAL TENANT PAYMENT**

12 Tenant Rent = (line 5 - line 12)	\$	286.00
-------------------------------------	----	--------

**TENANT PORTION PAYMENT:**

**\$ 286.00**

**VOUCHER PAYMENT TO LANDLORD:**

**\$ 214.00**

**EFFECTIVE START DATE**

**6/1/2000**

NAME : Someones name  
 PHONE # : 555-5656  
 COMPUTATION DATE : 5/15/2000  
 Verified By: \_\_\_\_\_

ADDRESS : PO Box 1234 Somewhere City State Zip  
 BDR Size : 3  
 BY : Counselor's Name  
 Date: \_\_\_\_\_

GWTHD Form # 6C

cc: Client File

(05/00)

**HOME OWNERSHIP (Mutual Help) PAYMENT WORKSHEET**

1. INSERT ANNUAL INCOME	(Per Public Law 104-330 NAHASDA)	<u>\$ 42,640.00</u>
John Doe Taxes	\$ 26,000.00 x 1.0 x 1 x 1 x 1 \$ 26,000.00	
Jane Doe Employment	\$ 8.00 x 80.0 x 26 x 1 \$ 16,640.00	
	\$ - x 1.0 x 1 x 1 x 1 \$ -	
	\$ - x 1.0 x 1 x 1 x 1 \$ -	
	\$ - x 1.0 x 1 x 1 x 1 \$ -	
	\$ - x 1.0 x 1 x 1 x 1 \$ -	
	\$ - x 1.0 x 1 x 1 x 1 \$ -	
	\$ - x 1.0 x 1 x 1 x 1 \$ -	
	x 1.0 x 1 x 1 x 1 x 1 \$ -	

2. NUMBER OF FAMILY MEMBERS (EXCEPT HEAD OR SPOUSE) WHO ARE UNDER 18, FULL TIME STUDENTS or DISABLED	<u>4</u>	
3. LINE #2 x \$ 480.00 =		<u>\$ 1,920.00</u>
4. CHILD CARE EXPENSES		<u>\$ 3,560.00</u>
5. COURT ORDERED CHILD SUPPORT PAYMENTS		<u>\$ 10,500.00</u>
6. TRAVEL EXPENSES (Not to exceed \$ 1,300.00 Per Family)		<u>\$ 1,300.00</u>
ELDERLY EXPENSES		
7. INSERT \$ 400.00 FOR ELDERLY OR DISABLED FAMILY		<u>\$ -</u>
8. MEDICAL EXPENSES \$ - x 12 months \$ -		
9. .03 x Line #1 (ANNUAL INCOME)		
10. Line #8 - Line #9 = MEDICAL DEDUCTIONS		<u>\$ -</u>
11. TOTAL DEDUCTIONS (ADD Lines 3, 4, 5, 6, 7 & 10)		<u>\$ 17,280.00</u>
12. ADJUSTED INCOME = (Line #1 - Line #11)		<u>\$ 25,360.00</u>
13. MONTHLY INCOME (Line #12 :- 12 months)		<u>\$ 2,113.33</u>
14. ENTER THE APPLICABLE PAYMENT TO INCOME RATIO		<u>15%</u>
15. MULTIPLY THE AMOUNT OF LINE #13 x LINE #14 =		<u>\$ 317.00</u>
16. ENTER THE UTILITY ALLOWANCE		<u>\$ 143.00</u>
17. ENTER THE MONTHLY PAYMENT (Line #15 - Line #16 =)		<u>\$ 174.00</u>
18. Line #17 x 25% = LAW ENFORCEMENT OFFICER DEDUCTION	<u>\$ 43.00</u>	
19. Line #17 - Line #18 = MONTHLY PAYMENT		<u>\$ 131.00</u>
20. ENTER THE ADMINISTRATION CHARGE		<u>\$ 90.00</u>
21. ENTER THE LARGER OF LINE #19 AND LINE #20 (Ceiling Rent May Vary)		<u>\$ 131.00</u>
22. ENTER THE AMORTIZATION AMOUNT NUMBER OF LEASE YEARS <u>15</u> Ceiling Rent		<u>\$ 395.00</u>
23. ENTER THE LOWER OF LINE #21 AND LINE #22		<u>\$ 131.00</u>

THIS WILL BE YOUR MONTHLY PAYMENT

**NEW PAYMENT GOES INTO EFFECT ON :** June 1st. 2001

<input type="checkbox"/> Make Retro	<input checked="" type="checkbox"/> Rent Change	<input type="checkbox"/> Sublessor
<input type="checkbox"/> MOVE OUT - UNEARNED RENT	\$ -	
<input type="checkbox"/> MOVE IN - SEC. DEP. CHARGE	\$ -	PRORATED AMOUNT \$ -

CLIENT NAME: John & Jane Doe ADDRESS: PO Box 888 City State Zip  
 FILE NUMBER: 68-243-018 / 100-01 FUNDWARE NO.: 19031  
 DATE OF COMPUTATION: 5/1/2001 CLIENT NOTIFIED: 5/10/2001  
 STAFF SIGNATURE: \_\_\_\_\_ COUNSELOR'S NAME \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 WAGE MAILED OUT: NO PHONE NO.: Home 555-8888 / Work 555-9999  
 YES OR NO

When completed, have this sheet verified, send a COPY to the A.S. Office & mail original to Client.  
**DO NOT WRITE BELOW for ADMINISTRATIVE ASSISTANCE USE ONLY**

Postings must be completed prior to rent effective date.

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Date Posted: \_\_\_\_\_ Posted By: \_\_\_\_\_  
 Rent Changed from: \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_

When posted, fill out, Copy and return entire sheet to counselor.



**LOW RENT - PAYMENT WORKSHEET**

1. INSERT ANNUAL INCOME	(Per Public Law 104-330 NAHASDA)	\$ 4,800.00
Another Person	W-2	
	\$ 400.00 x 12 x 1 x 1 x 1 \$	4,800.00
	\$ - x 1 x 1 x 1 x 1 \$	-
	\$ - x 1 x 1 x 1 x 1 \$	-
	\$ - x 1 x 1 x 1 x 1 \$	-
	\$ - x 1 x 1 x 1 x 1 \$	-
	\$ - x 1 x 1 x 1 x 1 \$	-
	\$ - x 1 x 1 x 1 x 1 \$	-
	\$ - x 1 x 1 x 1 x 1 \$	-

2. NUMBER OF FAMILY MEMBERS (EXCEPT HEAD OR SPOUSE) WHO ARE UNDER 18, FULL TIME STUDENTS or DISABLED	<u>3</u>	
3. LINE #2 x \$ 480.00 =		\$ 1,440.00
4. CHILD CARE EXPENSES		\$ -
5. COURT ORDERED CHILD SUPPORT PAYMENTS		\$ -
6. TRAVEL EXPENSES (Not to exceed \$ 1,300.00 Per Family)		\$ -
ELDERLY EXPENSES		
7. INSERT \$ 400.00 FOR ELDERLY OR DISABLED FAMILY		\$ -
8. MEDICAL EXPENSES \$ - x 12 months \$ -		
9. .03 x Line #1 (ANNUAL INCOME)		
10. Line #8 - Line #9 = MEDICAL DEDUCTIONS		\$ -
11. TOTAL DEDUCTIONS (ADD Lines 3, 4, 5, 6, 7 & 10)		\$ 1,440.00
12. ADJUSTED INCOME = (Line #1 - Line #11)		\$ 3,360.00
13. MONTHLY INCOME (Line #12 ÷ 12 months)		\$ 280.00
14. ENTER THE APPLICABLE PAYMENT TO INCOME RATIO		30%
15. MULTIPLY THE AMOUNT OF LINE #13 x LINE #14 =		\$ 84.00
16. ENTER THE UTILITY ALLOWANCE		\$ -
17. ENTER THE MONTHLY PAYMENT (Line #15 - Line #16 =)		\$ 84.00
18. Line #17 x 25% = LAW ENFORCEMENT OFFICER DEDUCTION		\$ -
19. Line #17 - Line #18 = MONTHLY PAYMENT		\$ 84.00
20. ENTER THE MINIMUM RENT PAYMENT		\$ 25.00
21. ENTER THE LARGER OF LINE #19 AND LINE #20		\$ 84.00
22. ENTER THE CEILING RENT AMOUNT		\$ 350.00
23. ENTER THE LOWER OF LINE #21 AND LINE #22		<b>\$ 84.00</b>

THIS WILL BE YOUR MONTHLY PAYMENT

NEW PAYMENT GOES INTO EFFECT ON : June 15th. 2000

<input type="checkbox"/> Make Retro	<input type="checkbox"/> Rent Change	
<input type="checkbox"/> MOVE OUT - UNEARNED RENT	\$ -	
<input checked="" type="checkbox"/> MOVE IN - SEC. DEP. CHARGE	\$ 200.00	PRORATED AMOUNT \$ 42.00

CLIENT NAME: Another Person ADDRESS: HWY 66 City State ZIP

FILE NUMBER: 69-256-215 / 10-01 FUNDWARE NO.: 25852

DATE OF COMPUTATION: 6/5/2000 CLIENT NOTIFIED: 6/7/2000

STAFF SIGNATURE: \_\_\_\_\_ counselor's Name VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

WAGE MAILED OUT: YES PHONE NO.: N/A  
YES OR NO

When completed, have this sheet verified, send a COPY to the A.S. Office & mail original to Client.  
**DO NOT WRITE BELOW for ADMINISTRATIVE ASSISTANCE USE ONLY**  
 Postings must be completed prior to rent effective date.

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

Date Posted: \_\_\_\_\_ Posted By: \_\_\_\_\_

Rent Changed from: \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_

When posted, fill out, Copy and return entire sheet to counselor.

# **APPENDIX 44**

## **Sample Form**

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### **INTERIM ADJUSTMENT FORM**



# GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

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

## HOUSING DEPARTMENT

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



### INTERIM ADJUSTMENT FORM - FAMILY COMPOSITION / INCOME

HEAD OF HOUSEHOLD / NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

List the HEAD OF HOUSEHOLD first and then ALL OTHER HOUSEHOLD MEMBERS who are residing with you in your home. Give the relationship, of each member, to the HEAD OF HOUSEHOLD. For example: WIFE, GIRLFRIEND, SON, GRAND DAUGHTER, etc.

NAME OF HOUSEHOLD MEMBER	RELATION	BIRTH DATE	SEX	STUDENT	SOCIAL SECURITY NUMBER
	HEAD OF HOUSEHOLD				

NOTE: If you, or member(s) of your household, have legal custody of the child(ren) listed above, you are required to bring in proof (unless it is already on file at the Housing Department).

**INCOME DATA**

Fill the NAME of each household member who is employed or receives financial assistance from any source. List the TYPE OF INCOME or SOURCE OF INCOME along with the address of the employer or source of income. The amount received for each should also be listed.  
 NOTE: If you are receiving Social Security, SSI, W-2, GAP, Unemployment, Child Support, Veteran's and/or Retirement funds, YOU must bring in a copy of your AWARD LETTER for each one that you are receiving (unless a current copy is already on file at the Housing Department).

**INCOME**

NAME OF HOUSEHOLD MEMBER	TYPE OR SOURCE OF INCOME	ADDRESS FOR SOURCE OF INCOME	ANNUAL INCOME	SEASONAL YES / NO

**POSSIBLE DEDUCTIONS**

For HUD funded projects and / or programs, certain deductions are allowed when it comes to rent / homebuyer payment calculations. To help us determine whether or not you are eligible for such deductions, please complete the areas listed below that are applicable. The Housing Department will do third party verifications on all claims.

**CHILD CARE.** Child Care payments can be used as a deduction for "YOUR" child(ren) so long as they are twelve (12) years of age and under and provided that there is no one in the home that is eighteen (18) years or older who is able to provide such care. Please keep in mind that this deduction only applies to money that YOU pay out to an individual / company / business, etc. for watching YOUR child(ren) while you are at work or at school.

I am claiming CHILD CARE, in the amount of \$ \_\_\_\_\_ (WK / MT / YR Amount) for the following Children \_\_\_\_\_,

My CHILD CARE PROVIDER is:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

NOTE: If your claiming CHILD CARE that enables you to work or go to school, then you will need to pick up a Housing Department CHILD CARE certification form (GWTHD Form # 41) to fill out. The CHILD CARE certification form and supporting documents (i.e. IRS Form 1040 and / or cancelled checks / check stubs / receipts) are to be returned to the Housing Department along with this INTERIM ADJUSTMENT form.

**CHILD SUPPORT** This deduction applies to money that you are paying out to an ex-spouse / significant other in order for him / her to take care of YOUR child(ren):

I certify that I pay \$ \_\_\_\_\_ (WK / MT / YR Amount) for the SUPPORT of MY child(ren)).

Those children are: (list names) \_\_\_\_\_

My CHILD SUPPORT PAYMENTS are paid to: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**LAW ENFORCEMENT OFFICER:** If you are a "Law Enforcement Officer" employed by the Grand Traverse Band Tribal Police Department or the Leelanau County Sheriffs Department, you are eligible for a Deduction on your monthly Rent / Homebuyer payment. If you feel you qualify for this deduction, please provide the following:

Name of Employer: \_\_\_\_\_ - Date of Hire: \_\_\_\_\_

Job Title: \_\_\_\_\_

**MILAGE:** HUD allows a deduction for "Excessive" mileage to / from Work or School. This is based on the Federal Mileage Rate (34.5 cents per mile - 2001) and not to exceed \$25 per family per week.

I am claiming Mileage as follows:

Family Member Name: \_\_\_\_\_ Distance from my Home / School (Located at / in \_\_\_\_\_) of \_\_\_\_\_ miles round trip. Number of trips per week: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Distance from my Home / School (Located at / in \_\_\_\_\_) of \_\_\_\_\_ miles round trip. Number of trips per week: \_\_\_\_\_

**HANDICAPPED OR DISABLED STATUS:**

Is the HEAD OF HOUSEHOLD or Spouse of the Head of Household Handicapped or Disabled? YES  NO

If YES, Explain: \_\_\_\_\_  
You must provide written verification (if not already on file at the Housing Department).



I affirm that the information provided on this INTERIM ADJUSTMENT FORM is true and correct to the best of my knowledge. I further understand that misrepresentation of facts constitutes fraud and could render me ineligible for housing.

\_\_\_\_\_  
(Signature of HEAD OF HOUSEHOLD)

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

\_\_\_\_\_  
(Signature of SPOUSE / SIGNIFICANT OTHER)

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

\_\_\_\_\_  
(Signature of Household Member over 18)

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

\_\_\_\_\_  
(Signature of Household Member over 18)

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

**PLEASE RETURN PROMPTLY TO HOUSING WHEN FINISHED**

# **APPENDIX 45**

## **Sample Form**

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### **WAGE ASSIGNMENT**





# 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



## WAGE ASSIGNMENT AGREEMENT

I, \_\_\_\_\_ do hereby authorize the Grand Traverse Band of Ottawa and Chippewa Indians (GTB), and **Traverse Bay Entertainment (TBE)** or \_\_\_\_\_ to deduct \$ \_\_\_\_\_ from each payroll check, or moneys due me for purposes of paying my \_\_\_\_\_ with the **Grand Traverse Band Housing Department.**

I have been given the opportunity to review a copy of the Grand Traverse Band Tribal Ordinance # (as amended), on credit transaction assignments.

***I understand that this wage assignment CAN NOT be stopped until the obligation for which it was started has been fully satisfied. I also understand that a service fee of \$1 per transaction will be deducted, in addition to my Wage Assignment, to be retained by (circle one) GTB / TBE for the cost of this service.***

\_\_\_\_\_  
Clients Printed/Typed Name

\_\_\_\_\_  
Clients Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Mailed by

\_\_\_\_\_  
Date Mailed

## NOTICE OF STOP PAYMENT FOR WAGE ASSIGNMENT

Please be informed that the Grand Traverse Band Housing Department is stopping the wage assignment currently in effect for \_\_\_\_\_ in the amount of \$ \_\_\_\_\_, that was signed on \_\_\_\_\_

Reason:  Obligation has been Satisfied.  Other: \_\_\_\_\_

Thank you for your cooperation in this matter.

Respectfully,

\_\_\_\_\_  
Housing Department Staff Signature

\_\_\_\_\_  
Date Mailed

# **APPENDIX 46**

## **Sample Form**

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### **CLOSE OUT SETTLEMENT STATEMENT**



# 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)

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

## SETTLEMENT STATEMENT FOR RENTAL UNIT

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

Pursuant to Article 3 (*SECURITY DEPOSIT*) of your Lease Agreement, the Security Deposit shall be used by the Housing Department to apply towards reimbursement of any money owed the Housing Department at time of lease termination. This includes, but is not limited to, back rent; repair of damages to the unit caused by the tenant, family, or guests; or other charges (i.e. Legal Fees) owed by the tenant.

<b>HOUSE / APT #</b> _____	<b>AREA</b> _____
<b>PROJECT #</b> _____	<b>FILE #</b> _____

<b>SECURITY DEPOSIT PAID</b>	\$ _____
<b>LESS: TENANT CHARGES / DAMAGES</b>	\$ _____
<b>RENT ARREARS</b>	\$ _____
<b>OTHER CHARGES</b>	\$ _____
<b>SUB-TOTAL OF CHARGES</b>	\$ _____
<b>TOTAL CHARGES <u>OWED</u> BY TENANT</b>	\$ _____
<b>TOTAL <u>REFUND</u> DUE TENANT</b>	\$ _____

Copies of your MOVE-IN & MOVE-OUT INSPECTIONS, Tenant Charge Sheet, Time and Materials Sheet, and Utility Charges (as applicable) are attached for your records and review.

If the above figure indicates that your Security Deposit was not sufficient to cover the total charges due to the Housing Department, you will have sixty (60) days, *from the date of this notification*, to pay what is owed. Failure on your part to pay following sixty (60) days will result in our attorney initiating legal action against you to seek restitution through the Small Claims Court of the **Grand Traverse Band**. You are further reminded that failure to pay will also result in your being placed in the Housing Departments BAD DEBTS database which, in effect, will render your ineligible for any future housing assistance from the Housing Department (until such time as that debt is paid **IN FULL**).

If you have any questions regarding this matter, please feel free to call us at **(231) 271-4473** .

Sincerely,

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Resident Services Staff Signature

*Attachments as Indicated Above*

cc: *Client File*

# **APPENDIX 47**

## **DECK SPECIFICATIONS**

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# SPECIFICATIONS FOR INSTALLING DECKS

**Purpose:** This appendix to the Housing Departments OCCUPANCY Policy sets the general guidelines for deck 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 DECKS.

A. All wood decks will have the following characteristics:

- (1) All material must be of grade number 2 or better.
- (2) All materials 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 lb. of active ingredient per 1 cubic foot).
- (4) Flooring material will be a minimum of 1-1/2" thick material.
- (5) Supporting joists will be a minimum of 2"x 6" with proper supporting members.
- (6) Supporting uprights will be straight 4" x 4" or larger. Field cut ends will be treated. Moisture barrier will be used between footings and uprights.
- (7) Solid concrete footings will be used (Pier block, block, poured). Footings will be a minimum of 2" below ground and a minimum of 2" above ground. Footings should be shaped to let water run off.
- (8) There will be a moisture barrier between the house and deck.
- (9) The deck will not be attached to the house. If structural hardware is used i.e. hangers or brackets, it will be of galvanized or stainless steel material.
- (10) Spans will comply with state code (see attached tables). Find the Fb and E values in table A for the joist you are using. Then go to table B to find your dimensions.

## 2. GUARDRAILS.

A. All guardrails will have the following characteristics:

- (1) Guardrails are required for decks over 30" above ground.
- (2) Guardrails will be 36" minimum, 42" maximum to top of rail.
- (3) Vertical members will not allow an object of 6" in diameter or larger to pass through.
- (4) Horizontal members will not allow an object of 4" in diameter or larger to pass through.

## 3. STAIRS.

A. All stairs will have the following characteristics:

- (1) Handrails will be a minimum of 36" in space above steps.
- (2) Steps will have a minimum width of 32" at and below the handrail when there is one handrail and 28" minimum for two hand rails.
- (3) The maximum riser height will be 8" (measured vertically between the top surfaces of adjacent treads).
- (4) ~~The minimum tread depth will be 9" (measured horizontally between the vertical planes of the foremost projection of adjacent treads).~~
- (5) The surface of the treads will not be sloped.
- (6) The greatest riser height will not exceed the smallest by more than 3/8".
- (7) The greatest tread depth will not exceed the smallest by more than 3/8".
- (8) All stairways *will* have illumination in accordance with state code.

#### 4. HANDRAILS.

A. All handrails will have the following characteristics:

- (1) When there are more than 3 risers, handrails are required.
- (2) Handrails will comply with this policy, required or not.
- (3) Handrails will have a minimum height of 30" and a maximum height of 38" (measured from the nose of the tread).
- (4) Handrails will be continuous the full length of the stairs.
- (5) End shall be returned or terminate in newel posts or safety terminals (when along a wall).
- (6) Handrails projecting from a wall will have a minimum clearance from the wall of not less than 1-1/2".
- (7) Handrail diameter will be no less than 1-1/4" and no more than 2-5/8".
- (8) Grip will be smooth with a minimum radius of 1/4" on top.

#### 5. RESTRICTIONS.

A. Decks will have the following restrictions:

- (1) Decks will have a 10' setback from all property boundaries.
- (2) Decks will not exceed 400 square feet
- (3) Decks will not have a permanent roof structure.
- (4) Decks will be allowed only in the back yard.

6. The Housing Department Director must approve all deck projects; exceptions may be granted on a case-by-case basis. The application for approval can be obtained from the Housing Department office.
7. The client (homebuyer) agrees to maintain the deck in good condition. Housing Department maintenance staff shall inspect the deck at completion to assure compliance with these standards.
8. The Housing Department reserves the right to have the deck removed at the clients (homebuyer) expense if it is found to be in non-compliance with these standards and represents a safety risk.

# **APPENDIX 48**

## **Sample Letter**

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**NOTICE  
to  
VACATE**





# 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



**NOTICE  
TO  
VACATE**

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

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

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

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

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

Due to a recent change in your status, we have determined that you are no longer eligible for continued occupancy in the dwelling unit located at: «unit number», «unit area / city».

You have thirty - (30) calendar days, from the date of this letter («date»), in which to vacate the unit.

The specific reason(s) for this action are as follows:

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

You must vacate the property on or before («date»). The property must be left in a clean and good condition. The keys must be returned to the Housing Department. You shall be responsible for any costs associated with repairs and/or clean up of the home.

Failure to vacate the property by («date») shall result in EVICTION proceedings in the **Grand Traverse Band Tribal Court**. If court action is necessary, the Housing Department shall request that you pay all legal fees, court costs, and attorney fees associated with the EVICTION.

If you wish to appeal this order to VACATE you must do so via a hearing. Your request for a hearing must be in writing, and submitted within ten (10) calendar days of receipt of this notice. Your request must contain the reason(s) for your appeal and must be delivered to the Housing Department. If your request for appeal meets the above conditions, a hearing shall be scheduled at least five (5) calendar days prior to the VACATE date listed above.

Sincerely,

\_\_\_\_\_  
Bonnie L. Inman, Director  
Housing Department

cc: Program Attorney's Office, Resident Services Manager, Client File

GTBHD Form Letter # 24  
04/01/02