

Grand Traverse Band Of Ottawa and Chippewa Indians

Housing Department
2605 N. West Bay Shore Drive
Peshawbestown, Michigan 49682
Office: (231) 534-7800 Fax: (231) 534-7025

Emergency Home Repair

- Completed application must be received in the Housing Office before the determination can be made.
- Provide a copy of your active and current Tribal Identification.
- Provide a copy of all your current income (See regulation #4)
- Provide a proof of ownership of property (Title, Deed, Life Lease, etc).
- Upon receipt of the application, a Housing representative will inspect your property and address specific issues within 5 days.
- Minimum of 3 bids are required from licensed and insured contractors.
 - Can be obtained by the homeowner or by the GTB Purchasing Department on the Tribal Member's behalf

Grand Traverse Band Housing Department Emergency Home Repair Regulations

Regulation #1: The emergency fund shall be used only for EMERGENCY repairs of Grand Traverse Band Tribal Members who permanently reside in the six-county service area and own their own home.

Regulation #2: EMERGENCY shall be defined as:

No heat

No hot water

No water

Electrical hazards

Plumbing

Mold

Roof

Windows

Entry Doors

Imminent structural collapse (foundation, floor, wall, roof that is determined by Grand Traverse Band Housing Department as ready to collapse.)

Minimum State Building Standards will be met. Upgrades are optional at the Homeowners expense.

Regulation #3: Once the Emergency Home Repair Program is used by an individual, Down Payment Assistance can not be accessed for a period of five (5) years from the latest date program was used. For those Tribal Members who have received Down Payment Assistance they must wait a period of five (5) years before access to the Emergency Home Repair Program will be allowable.

Regulation #4: No more than \$15,000 will be accessed by any homeowner in a given five (5) year period. Those above the current HUD Income Limits for their family size will be required to payback 50%. Those at or below the current HUD Income Limits will have no payback required of them. Elders are excluded from payback regardless of income amount.

**Proof of income shall be required to determine eligibility. Proof of income shall be in the form of the past year's tax return, current check stubs, and copies of checks, award letters from Social Security or Veteran's Benefits or State Disability Programs. (Elders ages 55 or older and disabled persons are not required to pay back this program regardless of income level but must provide income verification to determine what program(s) they qualify for).

NOTE: Disabled is anyone who is receiving aid for disability such as SSI, Social Security, Veteran's Benefits or State Disability Programs.

NOTE: Payroll deduction for Home Repair payments is available to any Tribal Members who are employees of the Tribe. Per Capita reimbursement can also be used as a payment option with a signed statement from the recipient that the Housing Department is allowed to access the Per Capita disbursement to the Tribal Member for the amount of the repayment as defined at the time repayment schedule/requirement is signed.

NOTE: In extreme emergency cases the Tribal Member may be eligible to do a 100% payback agreement

NOTE: Payback is based on a twenty-four month period.

NOTE: Individuals eligible for NAHASDA will follow NAHASDA guidelines.

Regulation #5: An enrolled Tribal Member must own the home that is to be repaired and the home must be the full-time permanent residence of the Tribal Member located within the six-county service area. (No rentals or land contracts).

Regulation #6: The Housing Department will also be responsible for the fair and consistent implementation of non-tribal funded programs (includes NAHASDA and other grant awards) through the development of program procedures approved by the Tribal Manager's Office.

All funding for repairs will be at the discretion of the Housing Department Manager and made by license and insured contractors. Appeals of the decisions made by the Housing Department Manager may be made through the "Due Process" form.

All payments are made out to the contractor/vendor (licensed and insured.)

**EXCEPTION PASSED BY MOTION OF TRIBAL COUNCIL ON JULY 31, 2002
PLACEMENT OF SINGLEWIDE MOBILE HOMES**

PROLOGUE:

The GTB Tribal Council through a motion in Tribal Council Special Session on July 31, 2002 did allow Tribal Members to access the Home repair Program for a placement of mobile/modular units. Please note the following regulations:

- 1) *The Tribal Inspector and/or Local Government Inspector for issues with aesthetics, lead paint regulations, and safety/health requirements will inspect all singlewide mobile homes.*
- 2) *On-site work requiring a building permit shall be complete before placing the unit on a lot within the confines of the Reservation/Tribal Trust Lands.*
- 3) *Units must either have a BOCA or an ICC approved label or a label required by Section 2323.362 (2) of the federal Mobile Home Procedural and Enforcement Regulations.*
- 4) *Each Tribal Member who applies, has a home purchased and wished to "set" it on a track of land, be it Tribal or Fee Simple, can access the Home Repair Program for \$1,500.00 to aide in set-up costs. (Water, Electric, Skirting, Winterizing, Plumbing, Etc.).*
- 5) *Check will be made payable to the vendor(s) which are contracted/have completed the work.*
- 6) *This grant/gift applies to any mobile/modular home place after July 31, 2002.*
- 7) *This grant/gift is not interpreted as a Down Payment resource. It is intended only to:*
 - a. *Aide Tribal Members to set up mobile/modular homes.*
 - b. *To make sure the unit is safe and healthy for family occupancy.*

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

HOME REPAIR PROGRAM APPLICATION

Applicant Information:

1. Full Name of Applicant: _____
2. Spouse's Full Name: _____
3. Are you enrolled with the GTB? Yes _____ No _____
 If yes, ID #: _____ Copy of current Tribal ID is required
4. Is your Spouse a GTB Tribal Member? Yes _____ No _____
 If yes, ID #: _____
5. Physical Address: _____
 Mailing Address if different: _____
6. Phone Number: Home: _____
 Work: _____
 Cell: _____

Household Information:

1. Proof of Homeownership is required.
2. List all who live in Your Home:

Name	Relationship	Date of Birth	Income

NOTE:
Proof of income is required for all household members, e.g. W-2, Check Stubs, Award Letter from Social Security, etc.

Assistance you are applying for:

- Heating issues (furnace)
- Water issues (hot water heater, well pump, etc)
- Electrical hazards
- Plumbing
- Mold
- Roof
- Windows
- Entry Doors
- Imminent structural collapse
- Septic Pumpout (does not count against EHR money and can be accessed no more than once every 24 months)

Any comments you would like to make?

DATE: _____

Signature of Applicant

Office use only

Application Received: _____

DPA? Yes Date _____ No Amount Available: _____

Application Approved: _____ Denied (reason): _____