



Grand Traverse Band of Ottawa and Chippewa Indians

Housing Department III
2605 N West Bay Shore Drive
Peshawbestown MI 49682

Office: (231) 534-7800

Fax: (231) 534-7025



COVID-19 2020 EMERGENCY 3 MONTH CHECKLIST

Dear Applicant,

Before you submit your request for Rental Subsidy Assistance, we suggest that you review the following checklist to be sure that you have submitted copies of all necessary documents. This will help ensure consideration as a complete application.

- Rental Subsidy Assistance Application.
- The most current income check stub(s) for all family members within the household.
- The most current tax returns/W-2's for all family members within the household.
- Social security cards for all adult family members within the household.
- Tribal ID cards.
- All other applicable forms of income for all family members within the household, which may include but is not limited to, child support, unemployment, social security, or pension benefits.
- Authorization for Release of Information.
- Subsidy and/or Deposit Contract signed by all parties.
- W-9 signed and completed by Landlord.

Sincerely,

GTB Housing

****APPLICATION IS NOT COMPLETE UNTIL ALL ABOVE ITEMS ARE
RECEIVED AT WHICH TIME APPLICATION WILL BE DATE & TIME
STAMPED AND SIGNED BY HOUSING STAFF.****

D. Income Information

Please provide all proof of income for the applicant and all permanent family members at least 18 years of age who are listed under Section C and have earned income. Copies of income tax returns, W-2 forms, Per Capita, Trust fund distributions, wage/check stubs, social security award letters, etc. **must** be attached for verification.

NAME	INCOME	SOURCE

Monthly rent rate must be affordable and cannot exceed monthly income.

E. Applicant Certification

Read this certification carefully before you sign and date your application in ink.

I certify that all of the information given on this application is true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance. I further understand that misrepresentation of facts constitutes fraud and could render me ineligible for financial assistance.

Applicant's Signature _____

Date _____

Spouse's Signature (if applicable) _____

Date _____

TO BE COMPLETE BY HOUSING OFFICE STAFF ONLY

- PROOF OF ALL CURRENT INCOME
- TRIBAL ID (ALL APPLICABLE)
- SOCIAL SECURITY CARDS (ALL ADULTS)

- AUTHORIZATION
- RENTAL AGREEMENT/LEASE

DATE: _____

TIME: _____

APPLICATION COMPLETE AND ACCEPTED. VERIFIED BY: _____ STAFF SIGNATURE	APPLICANT INITIAL
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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)
8. Down Payment Assistance Program

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)	Welfare Agencies
Tribal/County/State/Federal Courts	Law Enforcement Agencies
Credit Bureaus	Employers (Past/Present)
Landlord(s) (Past/Present)	Schools and Colleges
U.S. Social Security Administration	U.S. Dept. of Veterans Affairs
Utility Companies	U.S. Dept. of HUD
Bureau of Indian Affairs (BIA)	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)



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COVID-19 2020 EMERGENCY 3 MONTH RENTAL SUBSIDY ASSISTANCE CONTRACT

I, _____, Landlord, hereby agree to rent to:

Tenant(s) Name: _____ for the premises located at:

Street Address City Zip

Beginning the ____ day of _____, 20____

Term of Lease: 6 months 1 year Other _____ (please specify term length)

Utilities Included? Yes No

Be in agreement that the initial rent the tenant(s) will pay the landlord(s) is an amount of:

Monthly Rental \$ _____

And a like sum monthly amount on the ____ day of each month. During the initial lease term the owner/landlord may not raise the rent to tenant.

Be in agreement that this contract of Rental Assistance commences on the first day of the initial lease term. At the beginning of the contract term, the amount of assistance payment by the GTB Housing Department to the owner/landlord is:

Monthly Rental Assistance Payment \$up to \$500 a month for 3 month period max
(To be filled in with final amount by GTB Housing)

Payment will be made directly to owner/landlord The amount of the monthly rental assistance payment by the GTB Housing Department to the owner/landlord is subject to change during the Rental Assistance Payment contract term in accordance with the GTB Housing Department Rental Assistance Policy. GTB Housing Department will notify owner/landlord and tenant of any proposed changes at least sixty (60) days prior to the proposed effective date.

As owner/landlord I agree to adhere to the following obligations:

1. The owner/landlord is responsible for contacting references to determine the participants' suitability as a renter.

2. The owner/landlord must provide GTB Housing with a signed approved copy of the lease.
3. The owner/landlord is responsible for compliance issues concerning any and all conditions of the lease.
4. The owner/landlord is responsible for providing GTB Housing with a copy of any eviction or lease termination.
5. The owner/landlord must notify GTB Housing if any participant vacates the unit.
6. The owner/landlord must provide GTB Housing with a copy for approval of any changes to the lease during the tenancy of a participant of this program.
7. The owner/landlord must provide GTB Housing with a completed W-9.

GTB Housing Department is not a party to the lease and assumes no responsibility in its enforcement.

Tenant: _____ Date: _____
 (signature of applicant)

Landlord(s): _____ Date: _____
 (signature of landlord)

 Address of Landlord

 City State Zip

Telephone Number: _____

GTB: _____ Date: _____
 Authorized GTB Housing Staff Signature

Start Date: _____ Monthly Amount: _____



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COVID-19 2020 EMERGENCY 3 MONTH Rental Subsidy Assistance Policy

The purpose of this policy is to allow GTB Housing to administer a supplemental federally funded Rental Assistance Program that provides emergency rent subsidies during the COVID-19 pandemic for income qualified working families, Elders and disabled Tribal members. This is a tenant-based program where the tenant is subsidized not the rental unit. The family must find their own housing. This allows the family to select a rental unit that meets their needs and the program requirements.

Eligibility for Rental Subsidy Assistance

A. In order to be eligible for rental assistance, applicants must meet all of the below conditions:

1. Be an enrolled Tribal member of the Grand Traverse Band;
2. Be eighteen (18) years of age or older;
3. Reside in one (1) of the following counties: Leelanau, Grand Traverse, Antrim, Charlevoix, Benzie, or Manistee;
4. Qualify as a low income family, defined as a family whose income does not exceed 80% of the median income, as published annually by Office of Housing and Urban Development (HUD);
5. Live in a space that requires rental payment. For example; apartment, mobile home park, town house, etc. Rental assistance will not be offered for assistance with mortgage payments, lot rent (of participant owned/mortgaged home) or when renting an individual room;
6. Have a completed and accurate application on file in the Housing Department office, including all requested information for each family member living within the household. The applicant is responsible for making corrections or updating the application as necessary. A completed application will include;
 - a) Rental Assistance application;
 - b) The most current income check stub(s) for all family members within the household;

- c) The most current tax returns/W2's for all family members within the household;
- d) Social Security cards for all adult family members within the household;
- e) All other applicable forms of income for all family members within the household, which may include but is not limited to, child support, trust fund distributions, unemployment, social security or pension benefits;
- f) Authorization for release of information; and
- g) Any other documents deemed necessary by the Housing Department.

Criteria for Dispensing Benefits/Available Benefits

- A. The applicant is eligible to receive **up to** \$500.00 per month for rental assistance. (If monthly rent on unit is less than \$500 per month only the amount to cover the cost of the rental unit for the month will be awarded)
- B. Rental assistance may be provided for a maximum of THREE months during this time frame set forth as to receive assistance due to the COVID-19 crisis.
- C. This will not affect those Tribal Members currently receiving the Rental Subsidy Program from the Grand Traverse Band and is a separate opportunity that will not follow the same requirements as the Rental Subsidy Assistance Program but will interrupt that subsidy being received and will continue for the remaining months after the 3-month emergency funding is received.
- D. The maximum payment per month will be determined by the current year published Fair Market rents by county or \$500.00, whichever is lower.
- E. All payments will be mailed directly to the landlord.

Application file

- A. The Housing Department will maintain a file for each family completing an application. All information supplied by the applicant, verification of information and all relevant correspondence with the applicant, will be contained in the file. All applications will be kept confidential and available only to the Housing Department staff.

Payments – Execution of Agreements for Assistance

- A. Once all documents from the checklist have been received, GTB Housing will sign the contract with the owner/landlord and Tribal Member for the assistance payment amount showing the effective date of payments and the amount of the monthly payment.

Approval of Leases

- A. GTB Housing is not a party to the lease and assumes no responsibility in its enforcement.

Obligations

A. Participant Obligations:

1. When the participant's lease and unit are approved, the participant must sign an agreement to fulfill and abide by the required obligations for participation in the program as shown below. Any breach of the participant obligations is grounds for termination of assistance.
2. The participant must:
 - a) Supply GTB Housing with any information that GTB Housing determines to be necessary for use in a regularly scheduled re-examination or interim re-examination of family composition and income.
 - b) Disclose and verify social security numbers for all adult household members.
 - c) Supply any information requested by GTB Housing to verify the participant is living in the unit.
 - d) Notify GTB Housing and the owner/landlord in writing at least thirty (30) days prior to moving out of the unit or terminating the lease.
 - e) Use the assisted unit for residence by the participant only. The unit must be the participant's only residence.
 - f) Request GTB Housing and owner/landlord approval to add any other family members as occupants of the unit.
 - g) Give GTB Housing a copy of any eviction notice, or notice of lease termination.
 - h) Pay all utility bills and the portion of rent the participant is responsible for (if any).
3. The participant must not:
 - a) Own or have any interest in the unit.
 - b) Commit any serious or repeated violation of the lease.

- c) Commit fraud, bribery or any other corrupt criminal act in connection with the program
- d) Participate, or attempt to participate in the possession, sale, manufacture or distribution of any controlled substance that would constitute a felony under the laws of the State of Michigan, regardless of where such offense occurs.
- e) Engage in any violent criminal activity.
- f) Sublease or let the unit or assign the lease or transfer the unit.
- g) Receive any other housing subsidy for the same unit or a different unit from any state, federal or local housing program.
- h) Damage the unit or premises (other than normal wear and tear) or permit any guests to damage the unit or premises.

B. Owner Obligations: Prior to execution of the contract for assistance payment by GTB Housing to the owner/landlord on behalf of the participant, the owner/landlord must agree to the following obligations in the program and must sign a statement that they are willing to adhere to these obligations before the assistance can be approved.

- 1. The owner/landlord is responsible for contacting references to determine the participants' suitability as a renter.
- 2. The owner/landlord must provide GTB Housing with a signed approved copy of the lease.
- 3. The owner/landlord is responsible for compliance issues concerning any and all conditions of the lease.
- 4. The owner/landlord is responsible for providing GTB Housing with a copy of any eviction or lease termination.
- 5. The owner/landlord must notify GTB Housing if any participant vacates the unit.
- 6. The owner/landlord must provide GTB Housing with a copy for approval of any changes to the lease during the tenancy of a participant of this program.
- 7. The owner/landlord must provide GTB Housing with a completed W-9.

C. Grand Traverse Band Housing Department Obligations:

- 1. GTB Housing is responsible for conducting a background check to determine the participants' eligibility for the program.

2. GTB Housing is responsible for payment of the assistance amount to the owner/landlord each month by the tenth of each month.
3. GTB Housing is responsible for conducting an inspection prior to approval of the unit, and for special inspections if the participant reports that the unit no longer meets the minimum required standards and the damages were caused by maintenance neglect of the owner/landlord.
4. GTB Housing is responsible for conducting the initial income verification to determine eligibility and conducting recertification for continued eligibility of participants at least annually.
5. GTB Housing is responsible for providing notice to the owner/landlord and participant if assistance amounts change or cease.

Terminations

- A. Terminations by the owner/landlord: During the term of the lease the owner/landlord may not terminate tenancy except for:
 1. Serious or repeated violations of the terms of the lease.
 2. Violations of state, federal or local law that relate to occupancy or use of the unit.
 3. The owner/landlord desires to use the unit for personal use, or desires to sell or renovate the property.
 4. The owner/landlord may not terminate tenancy for non-payment of GTB Housing assistance payment.
 5. The owner/landlord must give the participant written notice of the grounds for the termination and provide a copy to GTB Housing, notice must be in conformation with local and state laws.
- B. Termination of Tenancy by the Participant
 1. The participant may terminate tenancy after the first initial term of the lease.
 2. Terminations during the first initial term of the lease are allowed only if the owner/landlord agrees to release the participant from the lease in writing and the participant meets the requirements for a transfer.
 3. The participant must provide the owner/landlord and GTB Housing with a copy of the notice of termination in accordance with the lease.

4. The participant may also terminate the lease if the owner/landlord breaches the Housing Quality Standards and refuses to repair the unit after notification in writing of necessary repairs.

C. GTB Housing may terminate assistance for violations of the following:

1. Any violation of participant obligations.
2. If the family participates, or attempt to participate in the possession, sale, manufacture or distribution of any controlled substance that would constitute a felony under the laws of the State of Michigan, regardless of where such offense occurs.
3. Engage in any violent criminal activity.
4. Failure to sign and submit verification documents for recertification.
5. If the participant moves out of the unit.
6. If the family breaks up.
7. If the owner/landlord fails to maintain the unit in accordance with Housing Quality Standards.
8. If available program funding is insufficient to support continued assistance for the participant.

Misrepresentations

- A. The participant is to be notified in writing of any misrepresentation revealed through the annual reexamination or other occurrences and of any corrective action required by law or Housing Policy.