



GRAND TRAVERSE BAND HOUSING

Mailing Address: 2605 N West Bay Shore Dr
Peshawbestown MI 49682
(231) 534.7800 Fax (231) 534.7025

HOMEOWNER ASSISTANCE FUND APPLICATION

List of required documents

All residents 18 Years of Age and Above

- Tribal ID
- Social Security Card
- Most current IRS 1040 - or -
 - 4 pay stubs
 - Profit/loss statements – self-employment 3 months
 - Net rental income
 - Social security, pensions, retirement, annuities, disability, death benefits – current letter
 - Unemployment, workers comp, severance comp – recent payments
 - Public assistance – current benefits letter
 - Child support, family support, alimony – current benefits letter
 - Armed forces pay – 2 current statements

- Reporting undocumented Income attestation form (request from Housing if necessary) – uncommon

- Authorization and Release of Information

- Utility Bills (must be in applicant or spouses name)
- Copy of Deed, Proof of homeownership, copy of current mortgage statement
- Documentation of Primary residence (lease, deed, utility bills, tax records, etc)
- Documentation that household has experienced financial hardship after January 21, 2020



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Applicant Name: _____

Current Address: _____

County of Residence: _____ Tribal ID: _____

Phone: _____ Email: _____

Do you currently own this home? Yes No

Did you own this home on January 21, 2020? Yes No

Is this your primary residence? Yes No

HOUSEHOLD COMPOSITION AND INCOME: Please list the head of household and all other individuals who live in the home. Give the relationship of each household member to applicant. Social Security Numbers **must** be listed for all household members.

Name	Relationship	Tribal ID	Social Security #	Yearly Income	Source
	Head of Household				

I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for the HAF program. I further understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge, and I understand that my selection for the HAF program, may be contingent upon the Housing Department being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

WARNING: **Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.**

APPLICANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all information provided on household composition, income, family assets, disability if applicable, and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know that I am required to report immediately in writing any changes in income and any changes in the household size and/or composition.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, or inaccurate information is punishable under Tribal, Federal or State criminal law. I understand that knowingly supplying false, or inaccurate information is grounds for termination of housing assistance.

Applicant Signature _____ Date _____



HOMEOWNER ASSISTANCE FUND 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:

- GTB Rental Housing
- Homeownership Programs (Mutual Help & Tax Credit)
- Rental Assistance (Formerly Section 8/Voucher)
- HUD Section 202 Elderly Rental
- Emergency Housing Shelter
- Housing Department Loan Programs
- Federal Loan & Loan Guarantee Programs (VA, HUD Sec 184, Rural Development Section 502, 504 & RNAP)
- 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, this 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 Marital 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 | PROVIDERS OF: |
| Tribal/County/State/Federal Courts | Law Enforcement Agencies | Alimony, child care, credit, |
| Credit Bureaus | Employers (Past/Present) | child support, medical care, |
| Landlord(s) (Past/Present) | Schools and Colleges | handicapped assistance, Pension, |
| U.S. Social Security Administration | U.S. Dept of Veteran Affairs | Annuities |
| Utility Companies | U.S. Dept of HUD | |
| Bureau of Indian Affairs (BIA) | U.S. Dept of AG, Rural Dev. | |

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.

NAME: Last: _____ Middle: _____

First: _____ Maiden: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

DRIVERS LICENSE/STATE ID NUMBER: _____ STATE ISSUED: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Signature: _____ Date: _____



HOMEOWNER ASSISTANCE FUND CERTIFICATION OF FINANCIAL HARDSHIP

In order for Financial Assistance to be provided under the HAF Program, this Certification of Financial Hardship must be completed and signed/dated by the applicant.

I, _____, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic since January 21, 2020.

I agree to notify the Grand Traverse Band Housing Department of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, I certify that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant

Date



HOMEOWNER ASSISTANCE FUND INCOME ATTESTATION FORM

Where there are NO earned income documents, this written attestation may be used to prove income for the household. If additional forms are needed, please contact the housing department.

Applicants Name: _____

Income/Resources of Household- Provide a copy of the documents that apply with application.

Income from Work-Not reported on a W-2 Form	_____	Mo.
Child Support/Alimony	_____	Mo.
Social Security Benefits	_____	Mo.
Food Stamps/Bridge Card	_____	Mo.
Workers' Compensation	_____	Mo.
Explanation of any other resources not listed:		

I/We understand and it is completely clear to me/us that it is a criminal offense to willfully make any false statement to this agency of the United States (United States Code, Title 18, Crime and Criminal Procedure, Section 1001). I/We further understand that I/We are liable to legal prosecution, if this or any future statement I/We make to the Grand Traverse Band of Ottawa and Chippewa Indians is found to be false. I / We understand that providing false statements or information is punishable under Tribal, State and Federal Law.

(Must be signed before a notary)

Signature: _____ Date: _____

Form must be notarized for the **INDIVIDUAL** claiming zero or partial income

NOTARY STAMP, SIGNATURE AND DATE

(Name) _____ Acknowledged before me in _____ County, State of _____ on this date _____.

Notary's Stamp

Notary Signature _____
Notary Public, State of _____, County of _____;
My commission expires _____; and Acting in the County of _____.