

# **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

## **Handicap Accessibility Program**

- Completed application must be received in the Housing Office before the determination can be made.
- Provide a copy of your Tribal Identification.
- Provide a copy of all your current income
- Provide a proof of ownership of property (Title, Deed, Life Lease, etc).
- Upon receipt of the application, Housing will send a representative to inspect your property and address specific issues.
- 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 Handicap Accessibility Program Regulations

**Regulation #1:** The program shall be used only for Elders and/or Certifiable Disabled Grand Traverse Band Tribal Members who permanently reside in the six-county service area.

**Regulation #2:** An enrolled Elder and/or Disabled Tribal Member must own the home that is to be repaired and/or 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 #3:** Handicap Accessibility upgrades shall be defined as:

**Ramps**

**Bathroom renovations (grab bars, handicap toilet, walk in showers, walk in tubs, sinks)**

**Kitchen renovations (counter and cupboard lowering, roll up sinks)**

**Entrance Doorways and clearance**

**Minimum ADA standards will be met. Upgrades are optional at the Homeowners expense.**

**Regulation #4:** Proof of income is 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:** Individuals eligible for NAHASDA will follow NAHASDA guidelines.

**Regulation #5:** The Housing Department will also be responsible for the fair and consistent implementation of Tribal and non-tribal funded programs (includes NAHASDA and other grant awards) through the development of program procedures approved by the Tribal Manager's Office.

**Regulation #6:** A maximum of \$20,000 can be accessed by homeowner for handicap accessibility repairs/upgrades.

All 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.)



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

**HANDICAP ACCESSIBILITY 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. Address: \_\_\_\_\_

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
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**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:**

- Ramps**
- Bathroom renovations (grab bars, handicap toilet, walk in showers, walk in tubs, sinks)**
- Kitchen renovations (counter and cupboard lowering, roll up sinks)**
- Entrance Doorways and clearance**
- Other**

**Any comments you would like to make?**

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DATE: \_\_\_\_\_

Signature of Applicant

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Office use only

Application Received: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Denied (reason): \_\_\_\_\_