



Housing Rental Application

Grand Traverse Band
Housing Department
Office Location: 11244 E Ki-Dah-Keh
Mailing Address: 2605 N West Bay Shore Dr
Peshawbestown MI 49682
(231) 534.7800 Fax (231) 534.7025

Thank you for requesting an application for Housing. In order to deem eligibility for GTB Housing, you **MUST INCLUDE** all required information with your completed application. Below is a list of Required Documents. ("Eligible" does not deem suitable or qualified)

Head of Household

- Photo ID
- Tribal ID
- Social Security Card
- IRS 1040
- 4 pay stubs
- Child Support
- Current/Previous Landlord references
- Utility Verification
- Authorization and Release of Information

18 Years of Age and Above - Including Spouse

- Photo ID
- Tribal ID
- Social Security Card
- IRS 1040
- 4 pay stubs
- Child Support
- Authorization and Release of Information

Under 18 Years of Age

- Birth Certificate
- Tribal ID
- Social Security Card

I/We acknowledge that the above documents unchecked are missing and need to be submitted before my application will be date stamped. I understand that my application will remain incomplete until all documents are handed in and time IS of the essence.

I/We certify that the information given to the Grand Traverse Band Housing Department on household composition, income, net family assets, allowances and deductions are accurate and complete to the best of **my/our** knowledge.

I/We understand that false statements or information is punishable under Federal Law. **I/We** also understand that false statements or information is grounds for termination of housing assistance and termination of tenancy.

If **I/We** have applied for residency in a tribally owned ADA-equipped home, I understand that I must provide to the Grand Traverse Band Housing Department a Reasonable Accommodation Verification Form executed by a health care professional on an annual basis which certifies to my ongoing disability.

X _____
Signature of Applicant

Date

X _____
Signature of Co-Applicant

Date

PLEASE INDICATE WHICH TYPE OF HOUSING YOU ARE APPLYING FOR

ELDER APARTMENT COMPLEX LOW INCOME FAMILY HOUSING FAIR MARKET RENTAL

1 BEDROOM 2 BEDROOM 3 BEDROOM 4 BEDROOM 5 BEDROOM

LOCATION: 1. _____ 2. _____ 3. _____
 (list up to 3 in order of preferred area of residence if desired)

Applicant Name: _____ Maiden: _____

Current Address: _____

Tribal ID Number: _____

Daytime Phone: _____ Evening Phone: _____

Cell: _____ Email: _____

HOUSEHOLD COMPOSITION: Please list the head of household and all other individuals who will be living in the unit. Give the relationship of each household member to applicant. Social Security Numbers must be listed for all household members.

Name	Relationship	Birth Date	Sex	Social Security #	Tribal ID
	Head of Household				

Will all household members reside in the home at least 10 months out of the year? Yes No

Do you anticipate any changes in the household within the next year? Yes No

Do you plan to have anyone living with you not listed above? Yes No

I. Please list names, addresses and phone numbers of two friends or relatives who can generally contact you:

1) Name: _____	2) Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

II. Grand Traverse Band Housing Department conducts criminal background checks on all household members 18 and older.

Have you or any household member ever been convicted of criminal sexual conduct? Yes No

Have you or any household members ever been convicted of any criminal activity? Yes No

- a. If yes, who? _____
- b. When? _____
- c. Where? _____
- d. What was the conviction? _____

e. Are you being evicted? Yes No Have you ever been evicted? Yes No

If "yes" you must provide a copy of the eviction notice.

Are you current on payments: Utilities: Yes No Loans: Yes No Rent: Yes No

**III. Please provide the following information for landlords you have rented from in the past:
*Fill out completely***

1. Landlord Name _____ Phone Number _____

Address _____

Dates Rented From _____ To _____

Reason for leaving: _____

2. Landlord Name _____ Phone Number _____

Address _____

Dates Rented From _____ To _____

Reason for leaving: _____

3. Landlord Name _____ Phone Number _____

Address _____

Dates Rented From _____ To _____

Reason for leaving: _____

IV. HOUSING STATUS

a. How many people live in your home now? _____ How many bedrooms do you have? _____

What is your current monthly rent amount? _____

For each of the following that you pay, please provide a monthly average dollar amount.

\$ _____ Heat/Monthly Type of heat: Natural Gas Oil Propane Electric

\$ _____ Electric/Monthly \$ _____ Water & Sewer/Monthly \$ _____ Trash Removal

You must supply copies of utility bills, in applicant's name, documenting payments are current.

c. Are you now or have you ever lived in government-subsidized housing? (i.e., Section 8, Farmers Home Administration subsidized housing, etc.) If yes, when and where?

d. Have you ever committed fraud with respect to any tribally or federally subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, please explain.

e. Have you or any member of your family ever lived in Tribal Housing? If yes, name and date?

f. Reason for vacating the premises?

g. Do you own a car? Yes No

1) Make: _____ Year: _____ License # _____

2) Make: _____ Year: _____ License # _____

V. INCOME

If you or any member of your household over 18 are claiming per capita as your only income, you must complete and return a notarized zero (-0-) Income Form. (Attached)

A. Head of Household

Name: _____ Date of Birth: _____

Employed? Yes No

List Employer Name, Address & Phone (most recent employer first)

1. Employer Name: _____ Date of Hire: _____

Address: _____

Name of Supervisor: _____ Phone #: _____

How long were you employed with this company? _____

2. Employer Name: _____ Date of Hire: _____

Address: _____

Name of Supervisor: _____ Phone #: _____

How long were you employed with this company? _____

B. Yes No Student 18 years or older

C. Yes No Unemployed & receiving no assistance or benefits

D. Yes No Receiving Unemployment benefits or workman's comp. (please provide current award letter)

E. Yes No Social Security and/or SSI (please provide current award letter)

F. Yes No DHS or FIA benefits (please provide current award letter)

If you or any member of your household over 18 are claiming per capita as your only income, you must complete and return a notarized zero (-0-) Income Form. (Attached)

Spouse/Other/18 years old or older (please circle correct identification)

Name: _____ Date of Birth: _____

Employed? Yes No

List Employer Name, Address & Phone (Most recent employer first)

1. Employer Name: _____ Date of Hire: _____

Address: _____

Name of Supervisor: _____ Phone #: _____

How long were you employed with this company? _____

2. Employer Name: _____ Date of Hire: _____

Address: _____

Name of Supervisor: _____ Phone #: _____

How long were you employed with this company? _____

B. Yes No Student 18 years or older

Yes No Unemployed & receiving no assistance or benefits

Yes No Unemployment benefits or workman's comp. (please provide current award letter)

Yes No Social Security and/or SSI (please provide current award letter)

Yes No DHS or FIA benefits (please provide current award letter)

Spouse/Other/18 years old or older (please circle correct identification)

Name: _____

Date of Birth: _____

Employed? Yes No

A. List Employer Name, Address & Phone (Most recent employer first)

1. Employer Name: _____ Date of Hire: _____

Address: _____

Name of Supervisor: _____ Phone #: _____

How long were you employed with this company? _____

Yes No Student 18 years or older

Yes No Unemployed & receiving no assistance or benefits

Yes No Unemployment benefits or workman's comp. (please provide current award letter)

Yes No Social Security and/or SSI (please provide current award letter)

Yes No DHS or FIA benefits (please provide current award letter)

G. Is the head or spouse of this household handicapped or disabled and receiving Social Security or SSI? Yes No

H. Is a member of this household handicapped or disabled and receiving Social Security or SSI? Yes No

I. Are you applying for residency in a low income unit which is ADA equipped? Yes No

J. If yes, have you submitted the required Reasonable Accommodation Verification? Yes No
(Verification Forms available at Housing Office)

K. For each type of income that your household receives, give the source of the income, for that amount that can be expected for that source during the next 12 months and supporting documentation.

IF YOU RECEIVE CHILD SUPPORT PAYMENTS, PLEASE PROVIDE MAILING ADDRESS & PAYEE INFORMATION.

Name	Name & Address of Agency	Monthly Amount

ASSETS

List all checking and savings accounts (including IRA's, Keogh accounts and CD's) of all household members, including amounts disposed of in the past two years and supporting documentation

Name	Bank Name & Address	Balance

List all stocks, bonds, trusts, pension funds and all other assets supply supporting documentation

Type or Name of Asset	Current Value
	\$
	\$
	\$

Does any member of the household own a home or other real estate? If yes, please explain:

Expenses

Do you pay for child care so a household member can work or go to school? Yes No

L. If yes, please give the name and address of the child care provider, the weekly cost and the name of the household member working or attending school:

Is any member of your household employed full time, part time or seasonally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household expect to work during the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household work for someone who pays them cash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of your household entitled to child support that he/she is not receiving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household receive or expect to receive public assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household receive or expect to receive Social Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household receive or expect to receive income from a pension or annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household receive regular cash contributions from individuals not living in the household or from any agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household receive income from assets, including interest on checking/savings accounts, interest from dividends on certificates of deposit, stocks, bonds or income from rental property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household receive or expect to receive earned income tax credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household or expect to receive any other income not disclosed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of your household receive or expect to receive a per capita payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been provided with and read the Housing Commission Regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HANDICAPPED OR DISABLED HOUSEHOLDS ONLY		
Do you pay for a care attendant or for any equipment for the handicapped or disabled member(s) of the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please describe: _____

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 low income housing 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 Tribal Housing 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 my eviction from any dwelling unit obtained from the Housing Department and 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.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous Federal Housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house will be my principal residence and that I will not obtain other Tribal or Federal Housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Department immediately in writing. I will not sublease my residence to any other individual.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility for housing assistance, or verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand failure or refusal to do so may result in delays or termination of assistance and/or eviction.

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 and/or termination of tenancy.

Applicant Signature _____ Date _____

Co Applicant Signature _____ Date _____



Authorization for Release of Information

Grand Traverse Band of Ottawa and
Chippewa Indians
Housing Department
Office Location: 11244 E Ki-Dah-Keh
Mailing Address: 2605 N West Bay Shore Drive
Peshawbestown MI 49682
(231) 534.7800 Fax (231) 534.7025

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: _____



Authorization and Release for Background

Grand Traverse Band of Ottawa and
Chippewa Indians
Housing Department
Office Location: 11244 E Ki-Dah-Keh
Mailing Address: 2605 N West Bay Shore Drive
Peshawbestown MI 49682
(231) 534.7800 Fax (231) 534.7025

In connection with this application for Housing, information as to character, employment, including job performance, work habits and other personal information may be requested. Additional information may be requested regarding motor vehicle driving record, workers compensation claims, criminal history and other public records.

I agree that any false information in support of my application for housing may subject me to eviction at any time during my tenancy. I hereby authorize and release from all liability without reservation any information services, law enforcement agency, administrator, state/federal agency, institution, employer(s) prior and present, insurance company or person gathering or furnishing the above information.

A photographic copy or fax copy of this authorization may be the equivalent of the original.

PLEASE PRINT

NAME: Last: _____ Middle: _____

First: _____ Maiden: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

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

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

RACE: _____ SEX: _____ LIST ALL FORMER STATES/COUNTRIES OF RESIDENCY: _____

I hereby give my permission for Grand Traverse Band Housing Department or its designee to request any documents or other information required to completely investigate my background, including my criminal record, civil or criminal judgements and credit history. I hereby swear that all of the information contained herein is true and correct to the best of my knowledge and that I have withheld nothing,

Signature: _____ Date: _____



Grand Traverse Band of Ottawa
and Chippewa Indians
Housing Department
Zero Income Form

Where there is NO earned income generated or partial income claimed the Zero Income Form must be completed by any permanent household member/s age 18 or older claiming Zero Income or Partial Income. If additional forms are needed, please contact the housing department.

Applicants Name: _____

Household Monthly Expenses -	Amount
Rent/Mortgage Payment	_____ Mo.
Utilities – Circle all that apply- Electric, Heat, Water, Sewer, Phone, Trash Removal, Cable.	_____ Mo.
Food	_____ Mo.
Automobile (fuel, repairs, insurance)	_____ Mo.
Medical/Dental	_____ Mo.
Miscellaneous (day care, child support, etc.)	_____ Mo.
Other Expenses – List them _____	_____ Mo.

Zero Income

_____ certify that I have not received any income within the dates from _____ to _____ and I am claiming ZERO INCOME.

Please explain circumstances for claiming Zero Income:

REQUIRED: Explain how the expenses are currently paid

How will household continue to pay the expenses?

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 Little River Band of Ottawa 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 _____.