



## LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)

### Housing Department

7500 Odawa Circle

Harbor Springs, MI 49740

Telephone: (231) 242-1540 Fax: (231) 242-1550

### Market Rate Rental Application

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#### RE: **LTBB Tribal Market Rate Rental Unit**

Aanii Applicant,

Thank you for your interest in the market rate rental units owned and operated by the Little Traverse Bay Bands of Odawa Indians. Please find enclosed:

- Application – Applicant must complete, sign and date.
- Release of Information – Applicant must complete, sign, and date.
- LTBB Housing Income Verification Procedure
- LTBB Housing Background Check Procedure

When returning your **Application**, and **Release of Information**, you are **required** to include a copy of your **Tribal ID** and **Income verification**. All household members age 18 or older are required to submit a full rental application, a tribally accepted photo I.D., and verification of their annual income. Please see the enclosed LTBB Income Verification Procedure as to what is required to be submitted with your application.

Once we have received the above-mentioned documentation, we will review and certify eligibility. Eligibility is determined by the household income, as calculated by the LTBB Housing Department.

Once all the required documentation has been received, and pre-qualification has been confirmed, your name shall be placed in our Market Rate Rental Pool. Once a unit becomes available and we begin the process of screening your application, we will contact you regarding the vacancy.

If your application is not chosen for an available unit, we will be retaining your application in the active Market Rate Rental Pool. It is imperative that you keep your contact information current so that we can contact you once another rental unit becomes available.

We also wish to make you aware that in order to be a tenant of the LTBB Housing Department, every adult member of the home must submit to a criminal history check. Please see the enclosed, Tenant Background Check Procedure, for items that will exclude you from being one of our tenants.

It is imperative to submit all required documentation in order to be placed in the Market Rate Rental Pool. After you have applied, and any of your contact information changes we request that you update your application with the LTBB Housing Department.

If you are in need of assistance, please feel free to contact the Housing Department at 231-242-1540, and we will be happy to assist you.



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#### A. APPLICANT INFORMATION

1. Name: \_\_\_\_\_  
Last First MI Any other name known by

2. Address: \_\_\_\_\_  
Current Street/Hwy/County Rd P.O. Box County  
\_\_\_\_\_  
City State Zip

3. Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Tribe in which applicant is enrolled: \_\_\_\_\_ Enrollment No: \_\_\_\_\_

8. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other (Explain) \_\_\_\_\_

9. This application is a request by you to rent a housing unit from the LTBB Housing Department. The LTBB Housing Department maintains two Market Rate Rental units in Harbor Springs, MI. Please indicate your first choice of where you wish to live (*this will **NOT** exclude you from the other property*)

608 Second St Harbor Springs, MI 49740 - \$1,000.00/mo

5790 Ap Gish Mok Harbor Springs, MI 49740 - \$800.00/mo

#### B. HOUSEHOLD INFORMATION

Please list ALL of the people that will occupy the rental unit, including the head of household. Attach an Additional sheet if necessary

First & Last Name	Birthdate	Social Security #	Relationship	Tribe	Enroll No.
			Head of House		

10. Are you or your family currently homeless? Yes No



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11. Have you or any member of your home been convicted of a Felony in the past seven (7) years?  
Yes No If you answered yes, please list all instances with explanation on a separate sheet
12. Have you or any member of your home EVER been convicted of a crime that demonstrated violence Against another person or a crime of a sexual nature?  
Yes No If you answered yes, please list all instances with explanation on a separate sheet
13. Have you ever been evicted from a rental unit? Yes No  
 If you answered yes, please list instances and explanation on a separate sheet
14. Do you or anyone else in the house smoke? Yes No
15. Do you currently own any animals? Yes No

#### C. INCOME INFORMATION

16. **Income Before Deductions:** Estimate the gross income anticipated for ALL household members From ALL sources of income for the next twelve (12) months. Please see the enclosed income Verification policy for any questions about income. Specify all sources

Household Member Name	Hourly wage or monthly allotment	Name & Address of Employer or Source of Income	Gross Annual Income
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Annual Income: \$ \_\_\_\_\_

17. Have you ever been in active US military service? \_\_\_\_\_Yes \_\_\_\_\_No

#### D. REFERENCE INFORMATION

Please provide one personal reference, that is not related to you.

##### Personal Reference #1

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_



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**D. ADDRESS HISTORY INFORMATION**

Please provide all previous addresses the applicant has occupied over the last 3 years.

Previous Address #1

Address: \_\_\_\_\_

Rent  Own  Family Member

Landlord Name: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Previous Address #2

Address: \_\_\_\_\_

Rent  Own  Family Member

Landlord Name: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Previous Address #3

Address: \_\_\_\_\_

Rent  Own  Family Member

Landlord Name: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Previous Address #4

Address: \_\_\_\_\_

Rent  Own  Family Member

Landlord Name: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

**E. APPLICANT CERTIFICATION:** *(Read this certification carefully before you sign and date.) Sign in ink.*

By signing this application, I certify that all answers are true, complete, and correct to the best of my knowledge. I understand that by giving false information may be grounds for denial of my application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*IF THE UNIT YOU HAVE APPLIED FOR IS NOT AVAILABLE AT THE TIME OF APPLICATION, YOUR APPLICATION WILL BE KEPT ON FILE UNTIL SUCH TIME THAT ANOTHER RENTAL UNIT BECOMES AVAILABLE.*

**LTBB HOUSING USE ONLY**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



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## RELEASE OF INFORMATION AGREEMENT

Name: \_\_\_\_\_  
(Last) (First) (MI)

Maiden Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
(Street) (P.O. Box) (County)

\_\_\_\_\_  
(City) **Michigan** (State) (Zip)

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**I hereby authorize my confidential information to be released between the agencies listed in this agreement.**

Applicant / Client Signature: \_\_\_\_\_ (Date)

Co-Applicant Signature: \_\_\_\_\_ (Date)

### Agencies Releasing Information To Each Other

Little Traverse Bay Bands of Odawa Indians  
Housing Department  
7500 Odawa Circle  
Harbor Springs, MI 49740  
Phone No: (231) 242-1540  
Fax No: (231) 242-1550

Law Enforcement Agencies  
Courts and Post Office  
LTBB Human Services, Enrollment, Accounting,  
Behavioral Health, and Elders Departments.  
Family Independence Agency  
Michigan Department of Health & Human Services

Financial Institutions  
Chase Bank  
Utility Companies  
Credit Providers / Bureaus  
Current & Previous Landlords  
Schools and Colleges  
Support and Alimony Providers  
Child Care Providers  
Retirement Systems  
Social Security Administration  
State and Federal Lending Programs  
Michigan Works/Unemployment Office  
Current and Previous Employers



This institution is an equal opportunity provider





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## MARKET RATE HOUSING INCOME VERIFICATION PROCESS & SCREENING PROCEDURES

### I. PURPOSE OF THIS PROCEDURE:

To ensure that the LTBB Housing Department calculates annual income in a fair and consistent manner that also complies with any Federal or Tribal law that the LTBB Housing Department is responsible for.

### II. DEFINITIONS:

- A. Applicant:** The LTBB Citizen that completes and submits a market rate housing application to LTBB Housing
- B. Census Definition of Income:** Annual income as reported under the U.S. Census long form for the most recent available decennial Census. This means the definition of income used by the census, not the dollar amount reported
- C. I.R.S. Income:** Adjusted Gross Income as defined for purposes of reporting under Internal Revenue Services Form 1040 series for individual Federal annual income tax purposes
- D. Section 8 Limits:** Annual Income as defined for HUD's Section 8 programs in 24 CFR part 5, subpart F
- E. Tenant:** Any person that signs a lease to live in a residence that is owned and or operated as a rental unit by the LTBB Housing Department

### III. INCOME:

The LTBB Housing Department will define income by either the Section 8 limits, the Censes Definition, or the I.R.S. Definition. The choice of which definition to use belongs to the LTBB Housing Department and will be made so as to be the most advantageous to LTBB Housing.

The following is a list of some items that may be counted as income, this list is not all inclusive:

- A. Wages
- B. Tips
- C. Overtime
- D. Social Security Benefits
- E. Unemployment
- F. Income from sitting on a Commission
- G. Annual Dispersements from Native American Tribes to its members
- H. Net income from the operation of a business
- I. Pensions
- J. Retirement account disbursements
- K. Public Assistance – monetary value of assistance



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Annual Adjusted Gross Income does not include the following:

- A. Income from employment of children (including foster children) under the age of 18 years.
- B. Foster Child Payments

#### IV. INCOME VERIFICATION:

- A. Hourly rates will be multiplied by 40 hours to acquire a weekly gross amount. This amount will be multiplied by 52 to acquire an annual gross amount. If the applicant can document that more weekly hours are worked then we will calculate the amounts accordingly
- B. If tips are reported on the check stubs provided, we will total the number of tips on all checks provided, then divide that amount by the number of checks used to acquire it. This average weekly amount will be multiplied by 52 weeks to acquire an annual gross amount. If the applicant is employed less than 52 weeks and we can document this with the employer then we will calculate accordingly
- C. If overtime amounts are reported on the check stubs provided, we will total the amount of overtime on all checks provided, then divide that amount by the number of checks used to acquire it. This average weekly amount will be multiplied by 52 weeks to acquire an annual gross amount. If the applicant is employed less than 52 weeks and we can document this with the employer then we will calculate accordingly
- D. Applicants reporting self-employment income must submit the previous year's tax documents as verification of income, along with a current monthly statement of the business revenue and expenses
- E. Any income received monthly will be multiplied by 12 to acquire an annual gross amount
- F. Unemployment will be calculated by multiplying the weekly benefit by the number of benefit weeks that the applicant has left to claim
- G. LTBB Housing staff will complete the Housing Department's Standard Income Calculation form for every member of the home that has reportable income
- H. All applicants will submit a minimum of 4 of their most current check stubs for verification.
- I. Applicants reporting Social Security Income must provide the annual determination for this to be verified



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- J. Child support received may be counted. In order for the child support payments to be counted, third party verification from the applicable governing body must be acquired. Only actual amounts received over the last 12 months will be used to adjust the applicant's monthly gross income. Any child support that is currently being received by the applicant that is for a child that is 17 years of age or older will not be counted in the adjustment to the applicants monthly gross income

**NOTE:** The Little Traverse Bay Bands of Odawa Indians Housing Department is bound by Federal Law and Little Traverse Bay Bands of Odawa Indians Tribal Law, Statutes, Policies and Procedures. The Housing Department staff is not authorized to make any exceptions to Federal Law, Little Traverse Bay Bands of Odawa Indians Tribal Law, Statutes, Policies or internal procedures.





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## TENANT BACKGROUND CHECK PROCEDURES

### 1. PURPOSE OF THIS PROCEDURE:

To ensure that the LTBB Housing Department maintains a safe and crime free environment in our housing units and to screen tenants that may be prone to causing the LTBB Housing Department undue financial hardship.

### 2. CRIMINAL HISTORY:

- Criminal history reports will be obtained only on those applicants that have been offered and have accepted a rental unit from the LTBB Housing Department.
- Upon receipt of an acceptance letter from a prospective tenant, the designated housing staff member will submit a request to the agency that currently performs tenant screening checks for the LTBB Housing Department. A report will be requested from every adult member of the household.
- The criminal history report will include both civil and criminal information.
- The criminal history reports will be kept in a locked file in the office of the LTBB Housing Director.

### 3. PREVIOUS LANDLORD INTERVIEWS

- The applicant will provide the LTBB Housing Department with the names and contact information for all of the landlords that they have had in the previous 2 years.
- The designated LTBB Housing staff member will make contact with all previous landlords listed and conduct an interview to assess if the tenant posed a burden or hardship during the time, they were a tenant there.
- Interview questions will include, but are not limited to:
  - Is there account paid in full
  - Did they pay rents on time and in full?
  - Was a security deposit collected and if so, how much was returned
  - If security deposits were kept, why were they kept
  - Where there ever any complaints filed against the tenant
- All interview findings will be documented in a report that will be kept in the applicants file.



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## TENANT BACKGROUND CHECK PROCEDURES

### 4. BACKGROUND FINDINGS

The following items are grounds for an applicant's request for residency to be denied.

- Any felony convictions in the previous seven (7) years
- Any convictions for crimes of a "sexual" nature
- Any convictions for crimes that demonstrated violence toward other people
- Any prior evictions, unless extenuating circumstances can be proven. This will be at the discretion of the LTBB Housing Director
- An established history of late rents, at the discretion of the LTBB Housing Director
- A history of complaints against the applicant, at the discretion of the LTBB Housing Director
- If the applicant has been evicted from a LTBB Housing Unit in the last seven (7) years or still has a balance owing the LTBB Housing Department

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**ZERO INCOME CERTIFICATION**

(To be completed by adult household members, if applicable)

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

1. I hereby certify that I **do not** individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
- b. Income from operation of a business.
- c. Rental income from real or personal property.
- d. Interest or dividends from assets.
- e. Social Security payments, annuities, insurance policies, retirement funds, Pensions, or death benefits.
- f. Unemployment or disability payments.
- g. Public assistance payments.
- h. Periodic allowances such as alimony, child support or gifts received from persons not living in my household.
- i. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.).
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_

\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of the LTBB Housing Application they are currently associated with.

Signature of Applicant/Resident

Date