

FOR OFFICIAL USE

Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
HOUSING DEPT.
COVID-19 EMERGENCY HOMEOWNERS ASSISTANCE PROGRAM
APPLICATION

Applicant Information

Applicant Name: _____ Date: _____
Date of Birth: _____ Tribal Enrollment No.: _____ SSN: _____
Mailing Address: _____ City: _____ State: _____
Zip: _____ Phone: _____
Physical Address: _____ City: _____ State: _____
Zip: _____ Email: _____

General Information

1. Are you a member of LTBB? Yes No
 - a. If yes, attach proof of membership
2. Do you OWN the home in which you are living? Yes No
3. Is your home your primary residence? Yes No

Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source

Income Verification

Below, please provide information on the total annual income of your household for calendar year 2021.

1. **Annual income** of household: \$ _____
 - a. Applicant must attach and submit a wage statement, at least 2 check stubs, W-9, interest statement, unemployment compensation statement, and/or a copy of Form 1040 as filed with the IRS for the household for 2021.

Financial hardship

1. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)

- A reduction in household Income
- Loss of Employment/Temporary Layoff/or Furlough
- Reduction in hours/pay.
- Unable to work or experiencing financial hardship due to no child care/school.
- Underlying medical condition requiring staying home to prevent exposure.
- Loss of self-employment/business income
- Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
- Disabled and enduring increased costs because of the COVID-19 pandemic
- Incurred significant costs (hospital bills, medication costs, etc)
- Other financial hardship; list: _____

a. If you checked any of the boxes above, attach supporting documentation for each hardship. (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

If you DIDNT check any of the boxes above, please describe the details of your housing financial hardship:

Additional Requirements

1. Applicants must sign a release of information form allowing the LTBB Housing Dept. to verify any and all information required to participate in the COVID-19 HAF Program.
2. For each additional month that applicants seek Financial Assistance under the HAF Program, they must submit information and documentation for the Mortgage and utility costs for that month and prospective months for which they seek assistance.

Applicant Acknowledgements

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above **150%** of the Area Median Income for the household.

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify LTBB Housing Dept. of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds for civil or criminal prosecution if the LTBB Housing Dept. determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Application Received by LTBB Housing Dept.:

STAFF MEMBER SIGNATURE

DATE

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Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Denial Communicated: _____	Staff Signature: _____

COVID-19 HAF Program Application Checklist

Please review your application to make sure that it contains the following information:

For all Applicants:

- Copy of Driver's License or Tribal Enrollment Card
- Proof of membership to LTBB
- Income Verification for each member 18 or older
 - Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2021)
or
 - Monthly received in the last 60 days (2 months)

Submit the following documentation if applicable:

- Documentation of each household member's qualification for unemployment benefits
- Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- Other documents showing a reduction in household Income
- Documents showing loss of self-employment/business income
- Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- Documents showing other financial hardship
- Copy of Mortgage statement showing amount needed to bring current
- Copy of utility bill(s)
- Copy of a past due utility or mortgage payments notice or foreclosure notice
- Documents showing unsafe or unhealthy living conditions
- Any other evidence of risk of housing instability

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

**Housing Department
7500 Odawa Circle
Harbor Springs, MI 49740**



RELEASE OF INFORMATION AGREEMENT

Name: _____
(Last) (First) (MI)

Maiden Name: _____ Alias: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ / ____ / ____

Address: _____
(Street) (P.O. Box) (County)

(City) (State) (Zip)

Home Phone Number: ____ / ____ / ____

Work Phone Number: ____ / ____ / ____

Drivers License Number: _____

I hereby authorize my confidential benefit information to be released from the Social Security Administration and/or to release any confidential information 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
7500 Odawa Circle
Harbor Springs, MI 49740
Phone No: (231) 242-1540
Fax No: (231) 242-1550
Law Enforcement Agencies
Courts and Post Office
Tribal Social Services
Family Independent Agency
Current and Previous Employers**

**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**



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
HOUSING DEPARTMENT**

7500 Odawa Circle
Harbor Springs, MI 49740
Tele: (231) 242-1540 Fax: (231) 242-1550
TTY: 7-1-1



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



This institution is an equal opportunity provider and employer
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

