



Rental Unit Application

Little River Band of Ottawa Indians
Housing Department
Office Location: 2953 Shaw-be-quo-ung
Mailing Address: 2608 Government Center Drive
Manistee, MI 49660
(231) 723.8288

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS COMPLETELY

The Little River Band of Ottawa Indians Housing Department has rental units in Manistee County. There is a waiting list for all of our housing units. Timeliness of selection depends on the availability of housing units. Unfortunately, we are unable to offer emergency housing or transitional housing.

You are required to update your application every six (6) months. Failure to update application within twelve (12) months of their most recent eligibility date will be placed in the inactive file and lose order of placement on the waiting list.

If there are changes in address, income or family composition it needs to be reported immediately. Applications that are not updated will be deemed inactive and the applicant's name will be removed from the waiting list. We ask that you inform the Housing Department in the event that you would like to remove your application from consideration.

The application must be complete and all required information submitted before it will be considered for selection and placement on the waiting list. Further in this application is a list of documentation that is needed to make your application complete.

Failure to supply all information required will delay the process of your application and placement on the waiting list.

When a home is available, all completed applications will be reviewed to determine which household is appropriate for that particular unit. Tenant selection is based on the following criteria:

- Family Composition
- Income Eligibility for Low Income Housing
- Tribal Membership of Head of Household or minor children
- Satisfactory Criminal Records check
- Satisfactory Credit Records check
- Acceptable Landlord References
- The date of complete application will be used as the date of placement on the waiting list.
- For the ADA-compliant homes, the Housing Department must have proof of disability from a competent professional.

INCOME ELIGIBILITY FOR LOW INCOME HOUSING

The household is required to satisfy obligations such as rent, administration fees, user fees, utilities, maintenance etc. The household must demonstrate the ability to meet these requirements.

The household income for all Tribal housing units must be at levels sufficient to meet rental and utility payments.

The household's annual income for Low Income and Elder rental units may not exceed the applicable Low Income limit established by HUD. Annual income may not exceed 80% of the United States median income.

Please reference Housing Regulations Chapter 1: Section 3. Eligibility Criteria. Income guidelines are listed below.

Family Size	Maximum Income
1	\$ 36,792
2	\$ 42,048
3	\$ 47,304
4	\$ 52,560
5	\$ 56,765
6	\$ 60,970
7	\$ 65,174

The Little River Band Housing Department has regulations to make safe, sanitary and uncrowded dwelling accommodations available to Tribal members of low income and fair market rentals within the reservation and Manistee County.

All units will be inspected by the Little River Band Housing Department annually. If you have any questions or need assistance completing the application you may contact the Housing Department at (231) 723-8288. Please return your application along with the supporting documentation to: Little River Band Housing Department 2608 Government Center Drive, Manistee, Michigan 49660.

No faxed or scanned applications will be accepted

Housing Department Initial: _____ Date: _____ Time: _____

PLEASE INDICATE WHICH TYPE OF HOUSING YOU ARE APPLYING FOR

- ELDER HOUSING
 LOW INCOME FAMILY HOUSING
 FAIR MARKET RENTAL
 SHORT TERM RENTAL
 ADA
 1 BEDROOM
 2 BEDROOM
 3 BEDROOM
 4 BEDROOM
 5 BEDROOM

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. Little River 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: _____

Applicant Certification

I/We certify that the information given to the Little River 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 Little River 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

When submitting this application, please provide the following documents:

1. ____ Copies of Social Security Cards for all household members
2. ____ Copies of updated Tribal cards for all Tribal Members
3. ____ Copies of all Drivers Licenses or State ID for each family member eighteen years of age or older
4. ____ Income verification (Wages, DHS, Social Security, Child Support, etc.) for the last four weeks
5. ____ Copies of the last three months of all bank account statements (checking, savings, loans, etc.)
6. ____ The last two months of utility bills in applicants name. **Must be in applicants name**
7. ____ Copy of Unemployment / Workers' Compensation award letter
8. ____ Copy of Social Security / SSI award letter (This may be obtained by calling the Social Security Office)
9. ____ Reasonable Accommodation Verification Form (if applying for an ADA housing unit)
10. ____ Release of Information Agreement
11. ____ Completed, Notarized Zero (-0-) Income Form, if claiming per capita as only source of income

YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL THESE DOCUMENTS ARE ON FILE!

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 _____



Release of Information Agreement

Little River Band of Ottawa Indians
Housing Department
Office Location: 2953 Shaw-be-quo-ung
Mailing Address: 2608 Government Center Drive
Manistee, MI 49660
(231) 723.8288

Failure to sign and return this form in its original condition could jeopardize your application for program eligibility. **All household members age 18 and over must sign a release of information agreement.** If additional forms are needed, please contact the housing department.

PERSONAL INFORMATION

NAME: Last: _____ Middle: _____

First: _____ Maiden: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

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

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE INCLUDING AREA CODE: _____

I hereby authorize confidential information to be released, as needed, to verify information related to the Little River Band of Ottawa Indians housing programs/initiatives.

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO EACH OTHER

Current Employers
Housing Department
Previous Employers
Social Security Administration
Tribal Social Services Programs
Tribal Members Assistance Program
Tribal Enrollment Department
Current and Previous Landlords

Support and Alimony Providers
Family Independence Agency
Child Care Providers
Utility Companies
Post Offices
Law Enforcement Agencies
Retirement Systems
Banks/Lending Institutions

Signature: _____

Date: _____



Little River Band of Ottawa 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 _____.