



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, Michigan 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, Minimum \$6000.00/year
- 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.

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

Maximum yearly household Income for income-based housing.

The household's annual income for Income Based Housing and Elder rental units may not exceed the applicable annual Income limit Established by HUD at 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	\$ 50,400
2	\$ 57,600
3	\$ 64,800
4	\$ 72,000
5	\$ 77,800
6	\$ 83,600
7	\$ 89,300

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
 Elder Apartment Complex
 Low Income Family Housing
 Fair Market
 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 applicant's name. **Must be in applicant's 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 _____



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Release of Information Waiver

Failure to sign and return this form in its original condition could jeopardize your application for program eligibility.

PERSONAL INFORMATION

NAME: Last: _____ Middle: _____

First: _____ Maiden: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

DRIVERS LICENSE NUMBER: _____ STATE ISSUED: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

OTHER STATES LIVED IN & COUNTY: _____ YEAR: _____
(If more room is needed please write on the back)

PHONE INCLUDING AREA CODE: _____

I hereby authorize confidential information to be released between the agencies listed in this agreement as needed to verify information related to the Little River Band of Ottawa Indians housing programs/initiatives.

POTENTIAL AGENCIES RELEASING INFORMATION TO EACH OTHER

Little River Band of Ottawa Indians
Housing Department
2608 Government Center Drive
Manistee, MI 49660

Current and Previous Landlords
Support and Alimony Providers
Child Care Providers
Post Offices
Retirement Systems

Current Employers
Previous Employers
Social Security Administration
Tribal Social Services Programs
Tribal Enrollment Department
Tribal Members Assistant Program
Family Independence Agency
Utility Companies
Law Enforcement Agencies
Banks/Lending Institutions

I further authorize confidential information to be released to the Head of Household Tenant insofar as it is necessary to explain a determination and/or to the Housing Commission in the course of an appeal hearing related to this application.

Signature: _____ Date: _____



Little River Band of Ottawa Indians
Housing Department
Zero Income Worksheet

Applicant and/or permanent household member/s age 18 or older shall complete the zero income form for periods within the last three (3) months of the date of application where there is no income generated or partial income claimed. Complete section that is pertinent to your situation – Zero Income or Partial Income.

Household Monthly Expenses -	Amount
Rent/Mortgage Payment	_____ Mo.
Utilities – Circle that apply- Electric, Heat, Water, Sewer, Phone, Trash Removal, Cable or Satellite TV	_____ 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

I _____ certify that I have not received any income within the dates from _____ to _____ and I am claiming ZERO INCOME. (must total 3 months from date of application)

Please explain circumstances for claiming Zero Income:

REQUIRED: Explain how the expenses are currently paid

How will household continue to pay the expenses?

Partial Income

I _____ certify that I am claiming income for part of the period within the three months and *proof of income is provided with application* and ZERO INCOME for the dates from _____ to _____. (must total 3 months from date of application)

Please explain circumstances for claiming Partial 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.
Rental Income (If applicable)	_____	Mo.
TANF (Temporary Assistance to Needy Families)	_____	Mo.
Child Support/Alimony	_____	Mo.
Social Security Benefits	_____	Mo.
Food Stamps/Bridge Card	_____	Mo.
Subsidized Housing	_____	Mo.
Pension	_____	Mo.
Unemployment Compensation	_____	Mo.
Workers' Compensation	_____	Mo.
Explanation of any other resources not listed:	_____	

(circle one)
Would you participate in a household budgeting training course? Yes No If No: Why _____

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and/or denial of services.

Spouse or Other – (Individuals 18 or older declaring zero or partial income)

Signature: _____ Date: _____

Applicant/Head of Household Signature: _____ Date: _____

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 _____.