

Little River Band of Ottawa Indians  
Homeowners Assistance Fund Policy

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# Homeowner Assistance Fund Program Policy

## 1. PROGRAM PURPOSE

The LRBOI HAF Program was created to prevent homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing COVID-19 related financial hardship after **January 21, 2020**, for eligible household applicants who are enrolled LRBOI tribal members.

This following is a list of qualified expenses that may be funded through the LRBOI HAF Program:

- A. Mortgage Payment Assistance.
- B. Financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default.
- C. Mortgage principal reduction, including with respect to a second mortgage provided by a non-profit or government entity.
- D. Facilitating mortgage interest rate reductions.
- E. Payment assistance for:
  1. Homeowner's utilities, including electric, gas, home energy, and water.
  2. Homeowner's insurance, flood insurance, and mortgage insurance.
  3. Homeowner's association fees or liens, condominium association fees, or common charges; and
  4. Down payment assistance loans provided by non-profit or government entities.
- F. Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures.
- G. Measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their properties.
- H. Legal services, targeted to households eligible to be served with funding from the HAF related to foreclosure prevention or displacement, in an aggregate amount up to 5% of the funding from the HAF received by the HAF recipient.
- I. Administration and planning costs associated with offering the program

## 2. ELIGIBILITY

- A. Applicant must be at least 18 years old, have at least one household member tribally enrolled with LRBOI. The applicant must be the property owner of record and the home must be the homeowner's primary residence.
- B. Applicant must attest they have experienced a financial hardship after January 21, 2020, such as job loss, reduction in household income, or increased costs due to healthcare or the need to care for a family member related to the COVID-19 Pandemic.
- C. Applicant must have income equal to or less than 150% of the area median income for which the household is located. LRBOI will use the U.S. Department of Housing and Urban Development's definition of "annual income" as outlined in 24 CFR 5.609 or the adjusted

gross income on IRS Form 1040 for 2021. However, per U.S. Treasury requirements, not less than 60% of amounts made available to the Tribe will be used to assist homeowners having incomes equal to or less than 100% of the area median income.

### **3. ASSISTANCE PAYMENTS**

The maximum allocation to homeowners that can be provided by the LRBOI HAF Program is currently \$15,000. As the Program progresses, and as the Tribe obtains data related to HAF Program use and need, LRBOI reserves the right to adjust this maximum as necessary to best serve the members of the Tribe.

Regarding mortgage assistance payments, LRBOI will make every opportunity to arrange direct payments on behalf of program applicants. In the instance that mortgage assistance payments cannot be made directly to the loan provider, LRBOI may consider making payments directly to the homeowner. When this occurs, additional documentation will be necessary from the homeowner to reflect payment to the loan provider. HAF funds can be used to cover missed mortgage payments beginning as early as February 2020. Mortgages should be in good standing prior to January 21, 2020.

Regarding all other assistance, LRBOI will make payments directly to the service provider or vendor. Only in rare circumstances will this policy be waived. It is at the discretion of LRBOI to determine if direct homeowner payment is necessary.

LRBOI will leverage all available programs to maximize HAF Program funds and may direct the homeowner to other programs that may be used in conjunction with these funds. This program is not intended to provide long-term support for eligible applicants, and it is not intended to provide all supportive service needs of households that affect housing stability. Eligible applicants must be able to continue to make other payments and meet basic needs once this assistance is provided.

In addition to any documentation requested with the application, applicants must attest that they have been financially impacted by the COVID-19 pandemic and that the household has not received and does not anticipate receiving another source of public or private subsidy or assistance for the mortgage costs claimed in the application.

### **4. APPLICATION**

Applications will be accepted until funding is expended. Applications must be completed in accordance with the application instructions. Applicants are encouraged to confirm with staff if their application has been received. Completed applications can be submitted in the following ways:

1. By email to [lrboihousing@lrboi-nsn.gov](mailto:lrboihousing@lrboi-nsn.gov)
2. In person using the LRBOI office locked drop box: 2953 Shaw Be Quong, Manistee, MI
3. By mail to LRBOI, 2608 Government Center Drive, Manistee, MI 49660  
Attn: Housing Department
4. By fax: 863-884-8243

#### **Applicants must:**

- Provide a copy of a state and tribal ID.
- Provide a copy of a current mortgage statement.
- Provide a copy of the recent and past due unpaid utility, heating fuel, and/or propane bills.
- Provide a copy of income earned for all adults in the household ages 18 and older for the month, including but not limited to: pay stubs showing last year's income or a recent paystub, Public Assistance benefits, Per-capita, senior benefits, child support, veteran benefits,

pension benefits, Social Security payments. Alternatively, applicants may provide a copy of an IRS tax return for 2021.

- Provide a copy of unemployment benefits, or proof of significant increased costs or reduction in household income.
- Sign an LRBOI Housing Release of information Form.
- If self-employed, the applicant must complete a Self-Employment Declaration form, a copy of a business bank statement, a copy of a business 1044 form, and a copy of a recent IRS tax return.
- Attest they have been financially impacted by the COVID-19 pandemic.
- Attest that the household has not received and does not anticipate receiving another source of public or private subsidy or assistance for the mortgage costs being claimed in the application.

Applications will be processed on a first come, first ready basis. When funding to support this program has been expended, LRBOI will announce closure of the program. Successful applicants must meet program eligibility criteria. LRBOI will do our best to assist applicants with completing their application.

Applicants who are determined to be ineligible will be notified in writing. Applicants who wish to appeal can do so in accordance with LRBOI's Grievance Procedure.

## **5. CONFLICT OF INTEREST AND OTHER TERMS**

Applicants who are LRBOI employees, tribal council members, or an immediate relative of an employee or tribal council member may have a conflict of interest. A conflict of interest must be disclosed so that it can be properly documented. An employee who has a conflict will not be involved in eligibility determinations.

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. False information may result in civil liability, and/or in criminal penalties including, but not limited to, fine or imprisonment or both.

Little River Band of Ottawa Indians  
Homeowners Assistance Fund Application

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## Homeowner Assistance Fund(HAF) Program Application

The LRBOI HAF Program was created to prevent homeowner mortgage delinquencies defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after **January 21, 2020**, for eligible household applicants who are enrolled LRBOI tribal members.

An "eligible household" is defined as a household in which at least one or more individuals meet the following criteria:

- Applicant must be at least 18 years old, have at least one household member tribally enrolled with LRBOI. The applicant must be the property owner of record and the home must be the homeowner's primary residence.
- Applicant must attest they have experienced a financial hardship after January 21, 2020, such as job loss, reduction in household income, **or increased costs due to healthcare or the need to care for a family member related to the COVID-19 Pandemic.**
- Applicant must have income equal to or less than 150% of the area median income for which the household is located. LRBOI will use the U.S. Department of Housing and Urban Development's definition of "annual income" as outlined in 24 CFR 5.609 or the adjusted gross income on IRS Form 1040 for 2021.

### APPLICANT CHECKLIST

Please use this checklist to ensure your application package is complete. Copies of all the following documentation are required to determine eligibility:

- **Proof of identification:** State and tribal I.D.
- **Proof of Household Income:** Adults 18 years and older within the household must provide income documentation that includes but is not limited to: Pay stubs showing income in 2021 and/or most recent two paystubs; bank statements; IRS tax return for 2021 or most recent return; unemployment insurance benefits, Per-capita; dividend payments such as (not including COVID relief payments); senior, veteran, or pension benefits; Social Security benefits or public assistance; or, if self-employed, a completed Self-Employment Declaration Form.
- **Release of Information:** Signed and dated by each household member aged 18 or older.
- **Mortgage Documentation:** Provide a current mortgage statement and any late payment notices.
- **Utility/Fuel Documentation:** Provide a current utility/fuel statement and any late payment or disconnection notices.
- **Other Eligible Household Expense Documentation:** Includes reasonable accrued late fees, (limited) insurance expenses, homeowner association fees, or relocation expenses.

Please email application to [lrboihousing@lrboi-nsn.gov](mailto:lrboihousing@lrboi-nsn.gov); fax to (863) 884-8243; mail to Little River Band of Ottawa Indians, 2608 Government Center Dr.; Manistee, MI 49660; or place in the locked mailbox outside the LRBOI building at 2953 Shaw Be Quang; Manistee, MI. **Questions? Contact Krystal Davis, Housing Specialist: 231-398-6878.**

***APPLICANT INFORMATION***

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First MI

Address: \_\_\_\_\_  
 Street Address Apartment/Unit#

\_\_\_\_\_

City State Zip County

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***FAMILY COMPOSITION***

Family Composition: Name/Relationship/Birthdate/Social Security No. of each person who will reside in your household if you qualify for the Homeowner Assistance Fund Program.

NAME	RELATIONSHIP	SEX	LRBOI ENROLLMENT#	BIRTHDATE XX/XX/XXXX	SOCIAL SECURITY NUMBER
	HEAD				

For reporting purpose, how would you best describe yourself?

- Hispanic or Latino
- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Other ethnicity or origin

**REQUESTED ASSISTANCE: What kind of assistance are you in need of: (Please circle)**  
 Mortgage Assistance Utility Assistance Fuel Assistance Other Assistance: \_\_\_\_\_

**HOUSEHOLD INCOME**

Tell us about your household's total income and any deductions for all household members who are 18 years or older for the 2022 calendar year. Applicants must provide this information to the best of their ability and should only complete fields that are applicable (not all fields are required). LRBOI staff can help with adjustments as needed.

Sources of income include employment, unemployment insurance benefits; (not including COVID relief payments), senior, veteran, or pension benefits, Social Security benefits or public assistance, per capita.

If self-employed, please complete a Self-Employment Declaration Form.

<b>Household Member Full Name</b>	<b>Total Source of Income</b>	<b>Total Income with Adjustments</b>
	<b>Total Household Income:</b>	



## *Mortgage, Utility, Heating Fuel & Propane Information*

<b>Mortgage</b>	<p>The following information and documentation are required for mortgage to be provided through this program. Eligible Costs: Mortgage Payments, Interest, Taxes, and Insurance. <b>Payments will be made directly to your mortgage lender.</b></p> <p>Do you own your home? Yes No</p> <p>Is this your primary place of residence? Yes No</p> <p>Are you past due on your mortgage? Yes No</p> <p>If yes, attach a copy of your past due unpaid notices from your lender.</p> <p>Do you need assistance with past due, current, or future mortgage? Yes No</p> <p>Copy of your mortgage statement.</p> <p>Mortgage Lender Name: _____</p> <p>Address: _____</p> <p style="text-align: center;">Street City State Zip Code County</p> <p>Phone: _____ Email: _____</p>
<b>Utilities</b>	<p>The following information and documentation are required for utilities to be provided through this program. Eligible Utilities Assistance: Water, Sewer, Electricity. <b>Payments will be made directly to your utility provider.</b></p> <p>Are you past due on your utility bill? Yes No</p> <p style="padding-left: 40px;">*If yes, attach a copy of your past due unpaid bills from your utility provider. This can be obtained from your utility company.</p> <p>Do you need assistance with past due, current, or future utilities? Yes No</p> <p>Utility Provider: _____ Contact Number: _____</p> <p>Utility Provider: _____ Contact Number: _____</p> <p>Utility Provider: _____ Contact Number: _____</p> <p>Utility Provider: _____ Contact Number: _____</p>
<b>Heating Fuel &amp; Propane/Other</b>	<p>The following information and documentation are required for home heat (i.e., gas, wood, pellets, oil, etc).to be provided through this program. <b>Payments will be made directly to your heating fuel and/or propane provider.</b></p> <p>Are you past due on your heating fuel or propane bill? Yes No</p> <p style="padding-left: 40px;">*If yes, attach a copy of your past due unpaid bills from your heating fuel or propane provider. <i>This can be obtained from your utility company.</i></p> <p>Do you need assistance with past due, current, or future heating fuel/propane? Yes No</p> <p>Do you have systems in your home that are inoperable/damaged that make your home uninhabitable? Yes No If yes, which systems: _____</p> <p>Provider: _____ Contact Number: _____</p>

**OTHER MORTGAGE RELIEF:** Has your household received, or do you anticipate receiving another source of public or private subsidy or assistance for the mortgage costs that is similar to this program? Yes No

If yes, what is the name of the program? \_\_\_\_\_

**ATTESTATION:** *To be eligible*, you must attest to have suffered a financial hardship after January 21, 2020, due to the COVID-19 pandemic.

You, or a member of your household (please check all that apply):

- Qualified for unemployment benefits at some point after January 21, 2020-Present (do not need to be receiving benefits currently to qualify).
- Experienced ongoing unemployment due to the COVID-19 pandemic. Please provide dates of unemployment: \_\_\_\_\_

Reduced income due to the COVID-19 pandemic. Please describe: \_\_\_\_\_

\_\_\_\_\_

Significant increased costs related to the COVID-19 pandemic. Please describe: \_\_\_\_\_

\_\_\_\_\_

Other financial hardship due to the COVID-19 pandemic. Please describe: \_\_\_\_\_

\_\_\_\_\_

By signing below, I do hereby attest and certify that one or more individuals in my household have suffered a financial hardship after January 21, 2020, due to the COVID-19 pandemic. I agree to notify the Little River Band of Ottawa Indians of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, I certify that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internal use only

Enrollment Verified \_\_\_\_\_ Administration \_\_\_\_\_ Accounting \_\_\_\_\_

## *Self-Employment Declaration Form*

Please fill out if you are self-employed: Applicants, please attach the following:

- Provide a copy of most current/recent Federal Income Tax Return
- Copy of current and active business licenses.
- Copy of Business account bank statements.

NAME: \_\_\_\_\_  
Last First MI

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

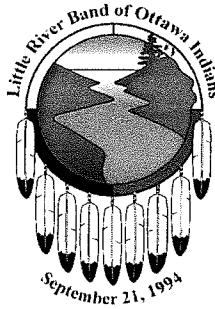
PHYSICAL ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF BUSINESS:	
START DATE OF BUSINESS:	
MAILING ADDRESS:	
PHYSICAL ADDRESS	
PHONE:	
EMAIL:	
ESTIMATE EARNED INCOME:	
	(WEEKLY, MONTHLY, ANNUALLY)

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for reporting and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Little River Band of Ottawa Indians**  
Housing Department  
Mailing Address: 2608 Government Center Drive  
Physical Address: 2953 Shaw Be Quo ung  
Manistee, Michigan 49660  
(231) 723-8288

## 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

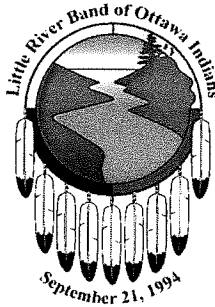
Little River Band of Ottawa Indians  
Housing Department  
2608 Government Center Drive  
Manistee, MI 49660

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  
Mailing Address: 2608 Government Center Drive  
Physical Address: 2953 Shaw Be Quo ung  
Manistee, Michigan 49660  
(231) 723-8288

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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)

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### 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  
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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.

<u>Household Monthly Expenses -</u>	<u>Amount</u>
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:

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**REQUIRED: Explain how the expenses are currently paid**

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How will household continue to pay the expenses?

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**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:

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**REQUIRED: Explain how the expenses are currently paid**

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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 \_\_\_\_\_.