APPENDIX 1

TRIBAL LEGISLATURE
MOTION / RESOLUTION
GRAND TRAVERSE BAND
OF
OTTAWA AND CHIPPEWA INDIANS

Tribal Council Special Session
November 27, 2002 – 10:00 A.M.
Tribal Administration Building, Peshawbestown, MI

II. Unfinished Business
A. Approval of GTB Housing Occupancy Policy, with Changes

MOTION TO APPROVE GTB HOUSING OCCUPANCY POLICY, WITH THE
REVISIONS DISCUSSED

MOTION MADE BY COUNCILOR BENNETT, SUPPORTED BY VICE CHAIR
CONCANNON

6-FOR, 0-AGAINST, 0-ABSTAIN, 0-ABSENT
Motion carries

I, Mary Lassaline, certify that the above motion was made and adopted at the Tribal
Council Special Session held on November 27, 2002 at the Tribal Administration
Building.

Mary Lassaline
Tribal Council Transcriptionist

Date
12-2-02
GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

GTB TRIBAL LEGISLATURE

RESOLUTION NO. 2002-00

HOUSING DEPARTMENT

_OCCUPANCY POLICY

BE IT ORDAINED BY THE LEGISLATURE OF THE GRAND TRAVERSE BAND OF
OTTAWA AND CHIPPEWA INDIANS:

WHEREAS, the Grand Traverse Band acts through its Tribal Legislature to provide affordable
housing opportunities for qualified families, in a safe and healthy environment; and

WHEREAS, there needs to be equitable procedures in place to govern the occupancy
standards for individuals residing in housing units managed by the GTB Housing Department;

NOW, THEREFORE BE IT RESOLVED BY THE LEGISLATURE OF THE GRAND
TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS, that it accepts and adopts the
Housing Department's Occupancy Policy, which shall govern Occupancy Standards for all
Housing Assistance Programs under management with an effective date of: and

BE IT FURTHER RESOLVED, that the Tribal Legislature reserves the right to make
amendments to the Occupancy Policy, as deemed necessary, for the good of the community.

CERTIFICATION

The Grand Traverse Band Tribal Council does hereby certify that a meeting, duly called, noticed
and convened on this _____ day of ________, 2002, where a quorum was present, this
action was duly adopted by a vote of _____ AYES, _____ NAYS, and _____
ABSTENTIONS _____ ABSENT.

Robert Kewaygoshkum, Tribal Chairman
Grand Traverse Band of
Ottawa and Chippewa Indians

_________________________, Tribal Secretary
Grand Traverse Band of
Ottawa and Chippewa Indians

(Date)

(Date)
APPENDIX 2

RULES OF OCCUPANCY
GRAND TRAVERSE BAND
OF
OTTAWA AND CHIPPEWA
INDIANS

HOUSING DEPARTMENT
POLICY
on
OCCUPANCY

RULES OF OCCUPANCY

(Updated: )
INTRODUCTION

The *Rules of Occupancy* are to be used as guidelines for ALL Rental and Homeownership units managed by the Grand Traverse Band Housing Department.

The purpose of the *Rules of Occupancy* is to protect the tribe’s investment as well as your safety.

The guidelines, outlined here, are an abbreviated version of those found in the Housing Departments Occupancy Policy and are to be observed by ALL clients, ALL client family members, and ALL client guests. Furthermore, it is the responsibility of the client to ensure that his / her family, friends, and guests abide by these *Rules of Occupancy*.

Failure, on the part of the client to abide by the *Rules of Occupancy* is grounds for Termination of the Rental Lease / Homebuyer (MHOA) Agreement.

Housing Department management shall ensure that this document is updated, as needed, so that the most current information is available to its clients.

The Housing Department Office is located at 11244 E. Ki-Dah-Keh Mi-kun Rd. The office is open and staffed from *Monday to Friday, 8:00 a.m. to 5:00 p.m.*

Housing Department staff can be reached through the Receptionist at (231) 271-4473 or by FAX at (231) 271-2025.
1. ACCESS TO UNITS

Clients are required to allow Housing Department staff into their dwelling units for the purposes of conducting "Official Business".

Examples of "Official Business", which require access to the dwelling unit, are: Inspections, Home Visits and Maintenance.

2. BURNING

Clients are NOT allowed to burn items outside or on the yard around / adjacent to their dwelling unit. This includes, but is NOT limited to, the following items: Branches, Brush, Dried Grass, Garbage, Leaves, Tires, Wood, etc.

3. BUSINESSES WITHIN THE HOME

Rental Programs. Clients in the Rental Programs may NOT utilize their dwelling units for any type of "in-home" or "outdoor" business venture.

Mutual Help Program. Clients in the Mutual Help program MAY, under certain conditions, utilize their dwelling unit for "in-home" business ventures or their dwelling unit property for "outdoor" business ventures. Mutual Help clients, who desire to operate a "small" business, from their dwelling unit, are required to submit a formal WRITTEN request to the Housing Department Director before the business venture may be started.

4. CHANGES TO WRITTEN AGREEMENTS

The Rental Lease / Homebuyer (MHOA) Agreement (as applicable) evidence the entire agreement between the Housing Department and the client.

At a minimum, the Housing Department shall review the Rental Lease / Homebuyer (MHOA) Agreement annually to determine if any changes are necessary. Changes could become necessary due to changes in Federal, State, or Tribal Laws / Regulations that affect housing.
In the event the Housing Department determines that changes to the Rental Lease Agreement / MHOA are necessary, they shall be done through a formal review / approval process.

Changes to the Rental Lease / Homebuyer (MHOA) Agreement can be published as an ADDENDUM or by completely REISSUING a corrected / updated version of the Rental Lease / Homebuyer (MHOA) Agreement.

[[ CONTINUE ON USING THIS FORMAT ]]  
[[ TO COMPLETE YOUR RULES OF OCCUPANCY ]]  
[[ THIS SHOULD BE GIVEN TO EACH CLIENT ]]
APPENDIX 3

Sample Letter

RECEIPT FOR
THE
RULES OF OCCUPANCY
RECEIPT FOR RULES OF OCCUPANCY

I, ________________________________

do hereby acknowledge receipt and understanding of the Grand Traverse Band Housing Department’s publication, entitled “Rules of Occupancy”.

(Signature - Head of Household) ________________________________  (Date) ________________________________

(Signature - Spouse / Significant Other) ________________________________  (Date) ________________________________

Distribution: Original to Housing Department File
Copy to Client
APPENDIX 4

Sample Letter

NOTIFICATION OF SCHEDULED INSPECTION
Dear [Name],

Pursuant to the Grand Traverse Band Housing Department (GTBHD) Maintenance Policy, we are required to inspect each unit, for a variety of reasons, on a periodic basis. The purpose of these inspections is to identify any deficiencies or tenant caused damages that may exist in the dwelling unit.

As per your lease agreement, you are responsible for and agreed to make repairs of damages to the unit caused by you, your family or guests. You are also reminded that damages shall not be attributed to "vandalism" unless they were reported to the police and you provided a copy of the Incident Report to GTBHD Management within seventy-two (72) of the vandalism.

In accordance with our Maintenance Policy, we are required to provide you with at a written notice of the pending inspection at least two (2) business days in advance.

GTBHD MAINTENANCE PERSONNEL WILL CONDUCT A

☐ ANNUAL INSPECTION ☐ INTERIM INSPECTION ☐ MOVE-IN INSPECTION ☐ MOVE-OUT INSPECTION

HOUSE NO.         LOCATION         DATE         APPROXIMATE TIME

It is our intent to follow the schedule set forth in this notice, however, in the event emergency maintenance calls arise, the schedule may be changed. If a change is necessitated, you will be notified of the change.

We thank you for your cooperation on this very important matter.

Sincerely,

Dennis Jacko, Resident Specialist
Housing Department
APPENDIX 5

Sample Letter

NOTIFICATION of
EMERGENCY ENTRY
Dear ____________________________

The purpose of this notice is to advise you that we made "Emergency Entry" to your dwelling unit for the purpose of investigating a situation of great concern to the health / safety / welfare of the occupants / dwelling unit. Entry was made because there was no answer at the door. This was done pursuant to the Grand Traverse Band Housing Department (GTBHD) Occupancy Policy. The reason for entry is indicated below:

- Dog's Barking In Unit
- Smoke Coming From Unit
- Fire / Flames Coming From Unit
- Law Enforcement Request
- Entry Door(s) Broken / Kicked In
- Window(s) Broken Out
- Water Coming From Unit

Date / Time of Entry was: ____________________ / ____________________

Name(s) of Individuals Entering the Unit were: ____________________

Police / Fire Department Personnel were called: □ YES □ NO

What was done while in the unit: ____________________

Date / Time unit was secured: ____________________ / ____________________

Other Comments: ____________________

_________________________________ (Housing Staff Signature)
_________________________________ (Housing Staff Signature)
_________________________________ (Housing Staff Signature)
APPENDIX 6

Sample Form

PERMISSION TO ENTER
I, do hereby give the Grand Traverse Band Housing Department permission to enter my home, when either I, my spouse (significant other) or other adult household members are NOT at home when entry must be gained.

This permission is being granted in accordance with the Housing Department’s Maintenance and Occupancy Policies. It is intended to allow Housing Department personnel entry to the dwelling unit for the purposes of conducting "scheduled" Inspections and / or to perform "scheduled" routine or preventive maintenance tasks inside the unit.

I also authorize the reproduction of this form.

This permission is valid for a period of one year from date of execution.

(Head of Household) __________________________ (Date) __________________________

(Spouse / Significant Other) __________________________ (Date) __________________________

Distribution: Original to Clients Resident Services File
                 Copy to Clients Maintenance Division File
                 Copy to Client
APPENDIX 7

Sample Letter

NOTIFICATION
of
REVIEW
HOME BASED BUSINESS REQUEST
Grand Traverse Band
of Ottawa and Chippewa Indians

Housing, Department IX
2605 N. West Bayshore Dr.
Peshawbestown, MI 49682
Office: 231/271-4473 Fax: 231/271-2025

(Name of Client)

(Address)

(City, State, ZIP)

Dear ______________________,

This letter serves to acknowledge receipt of your request to operate a business within your
dwelling unit, which you submitted on _____________________________, 2001.

Your request was reviewed by the Legislative Committee on Housing at their regularly
scheduled meeting, which was held on _____________________________, 2002. During that meeting, it
was the recommendation of the Housing Committee to:

☐ Approve your Request

☐ Disapprove your Request.

The reason(s) for disapproval were:

____________________________________________________________________

____________________________________________________________________

If you have any questions, please feel free to call (231) 271-4473.

Sincerely,

________________________________________
Chairman, Legislative Committee on Housing

cc: Client File
APPENDIX 8

Sample Letter

NOTIFICATION of CHANGE to THE LEASE AGREEMENT
Dear ____________________________,

This letter serves to advise you that there has been a change your Rental Lease / Homebuyer (MHOA) Agreement.

This change was recommended for approval by the Legislative Committee on Housing at their regularly scheduled meeting, which was held on _________________, 2002. It was subsequently adopted by the Grand Traverse Band Tribal Council at their regularly scheduled meeting, which was held on _________________, 2002.

This change goes into effect on _________________, 2002.

A copy of the change is provided to you for your information / review (see attachment).

If you have any questions, please feel free to call (231) 271-4473.

Sincerely,

Bonnie L. Inman, Director
Housing Department

cc: Client File

attachment: Lease Change
APPENDIX 9

Sample Form

MUTUAL HELP
ANNUAL STATEMENT
**ANNUAL STATEMENT TO MUTUAL HELP PARTICIPANT**

**THE GRAND TRAVERSE BAND HOUSING DEPARTMENT**

<table>
<thead>
<tr>
<th>PROJECT: WI 999 - 04</th>
<th>BALANCE AS OF Dec-00 (MM / YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME BUYER: Allen Bigsky</td>
<td>NUMBER: 99-999-004 / 0092-01</td>
</tr>
<tr>
<td>INITIAL PURCHASE PRICE</td>
<td>$57,671.95</td>
</tr>
</tbody>
</table>

**CURRENT AMORTIZATION SCHEDULE AMOUNT**

(Amount listed for month & Year of payoff - Located at upper right corner)

| 1)  | $ 2,883.60 |

**CREDITS TOWARD PURCHASE PRICE**

| 2) | $ 2,653.46 |

**A/C 2171 MONTHLY EQUITY PAYMENT**

(Amount in home buyers Mepa Account)

| 3) | $ 69.92 |

**A/C 2172 VOLUNTARY EQUITY PAYMENT**

| 4) |  |

**A/C REFUNDABLE MH RESERVE**

(Cash contribution made by home buyer)

| 5) |  |

**A/C 2914 UN-REFUNDABLE MH RESERVE**

(Land or work contribution made by home buyer)

| 6) |  |

**A/C 2165 TAX AND INSURANCE RESERVE**

| 7) | $ - |

**A/C 2166 MAINTENANCE RESERVE**

| 8) | $ 2,723.38 |

**CREDIT TOWARD PURCHASE PRICE**

(Add lines 2 through 7 = line 8)

| 9) | $ - |

| Spread sheet statement 12/31/2000 |

| Possible interest earned 9-00 to 12-00 |

**ACCOUNTS RECEIVABLE (ADMIN)**

(Amount owed yet to Admin)

| 9) | $ - |

| (Amount to be taken from Mepa to pay Admin) |

**TOTAL CREDITS TOWARD PURCHASE PRICE**

(Minus line 9 from line 8 = line 10)

| 10) | $ 2,723.38 |

**ACQUISITION PRICE AS OF ABOVE DATE**

(Minus line 10 from line 1 = line 11)

| 11) | $ 160.22 |

| 1/15/2001 |

| Date completed |

**Mary Otterman - Mutual Help Counselor**

| Calculation completed by |

**Reviewed and approved by**

| Date approved |
APPENDIX 10

Sample Letter

NOTIFICATION Of

PENDING CONVEYANCE
Dear ___________________________,

This letter serves to advise you that you are nearing the end of the term for your Mutual Help and Occupancy Agreement (MH OA) which means, the home will be conveyed to you shortly. The following information is provided to help you prepare for that Conveyance of Title.

**Balance Sheet:** A balance sheet, showing the amount still owed, is attached for your review / information.

**Date:** The anticipated pay off date for your home is __________________________, 2002.

**Associated Costs:** Those costs, that have been checked, are applicable to the conveyance of your home. It is your responsibility to pay for these items.

- [ ] Attorney Fees  - [ ] Closing Costs  - [ ] Credit Report
- [ ] Field Survey  - [ ] Financing Fees  - [ ] Inspections
- [ ] Mortgage Loan Discount  - [ ] Recording Fees  - [ ] Title Examination
- [ ] Title Insurance  - [ ] Transfer Taxes

**Counseling.** Pre-Closing Counseling is available, upon request.

**Homeowners Insurance:** Proof (i.e., a copy of the Policy or the Binder) showing that you have secured one years worth of paid Homeowners Insurance is required. This should be provided to the Housing Department at least one (1) week prior to the scheduled closing date.

If you have any questions, please feel free to call (231) 271-4473.

Sincerely,

__________________________________________
(Resident Services Staff Signature)

*attach: Balance Sheet*

*cc: Client File*