APPENDIX  36

Sample Form

ROACH SPRAYING TREATMENT NOTICE
(Name of Client)

(Address)

(City, State, ZIP)

Dear ___________________,

The Grand Traverse Band Housing Department has scheduled a ROACH SPRAYING TREATMENT for your unit ___________, located at ________________, on _________________ ___, 2002 at __________ a.m. / p.m.

Spraying / Treatment of roaches will also be scheduled to be done on your unit every ______________________________________ of each month.

An information sheet on ROACHES & PREPARING YOUR UNIT FOR TREATMENT is attached for your convenience. Please read this material and prepare your unit for treatment.

NOTICE: In the event of bad weather, it may be necessary to cancel the scheduled treatment on short notice. Should this be necessary, the Housing Department staff will contact you, advise you of the situation, and reschedule you as soon as possible.

If you have any questions, please call the Housing Department at (231) 271-4473.

Sincerely,

Housing Department Staff Signature

Encl: Information Sheets

cc: Maintenance Division

Client File
(Name of Client)

(Address)

(City, State, ZIP)

Dear ____________________,

The Grand Traverse Band Housing Department has scheduled a roach FOG TREATMENT for your unit ______________, located at ______________, on _________________, 2002 at ______________ a.m. / p.m.

Fogging / Treatment of roaches will also be scheduled to be done on your unit every ____________________________ of each month.

An information sheet on ROACHES & PREPARING YOUR UNIT FOR TREATMENT is attached for your convenience. Please read this material and prepare your unit for treatment.

NOTICE: In the event of bad weather, it may be necessary to cancel the scheduled treatment on short notice. Should this be necessary, the Housing Department staff will contact you, advise you of the situation, and reschedule you as soon as possible.

If you have any questions, please call the Housing Department at (231) 271-4473.

Sincerely,

Housing Department Staff Signature

Encl: Information Sheets

cc: Maintenance Division
Client File

GRAND TRAVERSE  CHARLEVOIX  LEELANAU  BENZIE  MANISTEE  ANTRIM
INFORMATION ON COCKROACHES

Cockroaches come in from outdoors or from adjoining buildings and apartments. Often they are carried into a home unwittingly with bags, boxes and laundry. In some instances, a friend or neighbor (with an existing roach problem) could unwittingly bring one into your home as well.

Cockroaches hide in small, dark, damp places. Usually these areas are near a water and food source. They can be found in other areas of the home as well, such as dressers, closets and basements, but only when the population is excessive in the primary feeding areas. They typically come out at night to feed.

Given the right conditions (dirty, damp, warm areas with sufficient food supply), roaches will breed rapidly. There are, on average, 36 baby roaches per egg capsule. Baby roaches mature quickly and within two months are ready to mate. A mature female roach will produce one egg capsule per month during her nine-month lifetime.

Killing roaches takes time. Most sprays do not kill instantly. Roaches must walk over residual sprays to pick up a lethal dose and it may take several hours before they die.

LITTLE CAN BE DONE WITHOUT PROPER SANITATION AND GOOD HOUSEKEEPING.

PESTICIDES CAN NOT SUBSTITUTE FOR GOOD HOUSEKEEPING.

CLEANING YOUR HOME TO HELP ELIMINATE HOUSEHOLD PESTS

1. Your home should be cleaned on a daily basis.

2. Stoves need to be moved as well, so that grease can be cleaned off the sides & from the floor underneath.

3. Refrigerators need to be moved away from the wall so they can be vacuumed in the back and the floor underneath cleaned.

4. Spillage in cupboards should be cleaned daily.

5. Excess food should be stored in the refrigerator, NOT on the counter tops.

6. Paper bags SHOULD NOT be stored along side of the refrigerator.

7. Items stored in closets or basements SHOULD NOT be stored in cardboard boxes or on the floor as roaches live in the core of the boxes.
WHAT YOU NEED TO DO TO GET PREPARED BEFORE YOUR UNIT CAN BE SPRAYED / FOGGED

1. All exposed food or open containers of food should be removed from the counter tops and cupboards and placed in the refrigerator or in airtight containers.

2. Any spillage should be cleaned up.

3. Remove all dishes, pots and pans, food, etc. from all kitchen cupboards, place them in the middle of the room, and cover them with a sheet.

4. Pull out the stove and the refrigerator at least 3 feet from the wall. Be careful with electrical cords and gas lines. The sides of the stove and refrigerator should be cleaned. The inside of the stove (broiler, oven, and burner areas) should be cleaned as well.

5. Pull out all of the bathroom and kitchen drawers. Place them in the middle of the room.

6. Make sure all furniture is moved at least 2 feet away from the walls.

7. If possible, place all clothing and bedding in plastic bags. If this is not done, it is recommended that all exposed clothing and bedding be washed after treatment (Fogging).

8. Household pets should be removed from the house during treatment.

9. Close all windows.

10. Be prepared to stay out of your home for at least 8 hours after the treatment, especially children.

11. Make sure you have your house key with you. We will lock up your unit after the treatment is finished.

IT IS ESSENTIAL THAT CLEANING BE DONE BEFORE SPRAYING / FOGGING BEGINS

PLEASE BE PREPARED

HAVE YOUR UNIT CLEANED AND READY FOR FOGGING

Thank you

Grand Traverse Band Housing Department
PEST CONTROL AFTER TREATMENT

* * * * * * * * * *

TENANT INSTRUCTIONS

1. You may re-enter your unit after 8 hours.
2. Open doors and windows to ventilate.
3. Wash all tables and countertops down with soap and hot water.
4. Wash your entire stove, both inside and outside.
5. Wash all exposed dishes and utensils.
6. Wash all expose clothing or bedding.
7. Put dishes, pots and pans, etc. back in the drawers and cupboards.

WHAT NOT TO DO!

1. **DO NOT** wash areas fogged for 30 days after treatment. Stay at least 2 inches away from the baseboards when washing the floors.

Thank you

Grand Traverse Band Housing Department
APPENDIX 37

Sample Letter

NOTIFICATION of
LEASE VIOLATION
(Client Name)

(Address)

(City, State, ZIP)

(Date)

Dear ____________________________,

This letter serves to advise you that you have violated your Rental Lease / Mutual Help (MHOA) Agreement.

Date of Violation(s): ______________________________________

Nature of Violation(s): The following paragraph(s) / section(s) of your Lease have been violated:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Consequences of Violation(s). Failure, on your part to correct the violation(s) IMMEDIATELY, can result in the Termination of your Lease Agreement

Planned Action(s) of the Housing Department: ____________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Mandatory Counseling. In order to correct this problem, the Housing Department staff has determined that you need mandatory ____________________ counseling. You have been scheduled for that counseling, at the Housing Department office, at ____________________a.m. / p.m. on ____________________ ____________________, 2002.

Corrective Action. If you can not meet the planned action(s) of the Housing Department, or the Mandatory Counseling required to correct this violation, then you are hereby advised of your right to meet with your Resident Services Counselor and / or the Housing Director to work out a “jointly” agreed to plan of action to correct the violation(s) in a timely manner. If you choose this option, please call the Housing Department for an appointment immediately.

Right to File a Grievance. Should you feel that a lease violation did not occur, or if you do not agree with the planned actions of the Housing Department, to correct this lease violation, you are hereby advised of your right to "Grieve" that decision in accordance with the Housing Department's Grievance Policy.

If you have any questions regarding this matter, please feel free to call your Resident Services counselor at (231) 271-4473.

Sincerely,

Resident Services Staff Signature

cc: Resident Services Manager
Client File
APPENDIX 38

Sample Letter

DELIQUENCY NOTICE
Dear ________________________________

The purpose of this notice is to advise you that your account is in ARREARS and that you are in non-compliance with your Lease (Rental / Homebuyer – as applicable) Agreement. We have reviewed the past and present billing history for your account and determined the following:

PAST DUE: $_________ (Previous Month(s))
+ CURRENT AMOUNT DUE: $_________ (This Month)

= TOTAL AMOUNT DUE (ARREARS): $_________

The Housing Department hereby requires that you pay the sum of $ «total» by «due date».

Your failure to pay the above-mentioned amount by «due date» shall result in you receiving a "FINAL NOTICE". TERMINATION can result from this action being taken. NOTE: You could then be held responsible to pay for any filing fees, court fees and Attorney fees that are necessitated by court action.

Pursuant to the Grand Traverse Band Housing Department Rent and Collections Policy, counseling assistance is available to delinquent Client’s in an effort to minimize the need to resort to eviction as a remedy. You may request such assistance from your Resident Services Counselor, «full name» who can be contacted at (231) 271-4473.

If your FULL payment has recently been made, please disregard this notice.

Sincerely,

Resident Services Counselor

cc: Client File
APPENDIX  39

Sample Letter

FINAL NOTICE
Dear [Name of Client],

Last week you were sent notification from your Resident Services Counselor, «full name» that your monthly payment was past due and that your account was in arrears (delinquent). You were given five (5) business days to correct this. You were also informed that your failure to respond would result in a FINAL NOTICE.

The purpose of this notice is to advise you that we still have not received your FULL payment for that ARREARS balance. The Housing Department hereby requires that you pay the balance due «$ amount due» by «due date».

Your failure to pay the delinquent balance due by «due date» shall result in you receiving a "PENDING LEGAL ACTION NOTICE". TERMINATION can result from this action being taken. NOTE: You could then be held responsible to pay for any filing fees, court fees and Attorney fees which are necessitated by court action.

Pursuant to the Grand Traverse Band Housing Department Rent and Collections Policy, counseling assistance is available to delinquent Client's in an effort to minimize the need to resort to eviction as a remedy. You may request such assistance from your Resident Services Counselor, «full name» who can be contacted at (231) 271-4473.

*If your FULL payment has recently been made, please disregard this notice.*

Sincerely,

Resident Services Manager

cc: Client File
APPENDIX 40

Sample Letter

LEGAL ACTION PENDING NOTICE
Dear __________________________,

On __________________________, your Resident Service Counselor advised you that your account with the Housing Department was in arrears, the amount that was past due, and your options on how to take corrective action.

On __________________________, the Resident Services Manager sent you a reminder that you had failed to meet the stated deadline for taking corrective action on this matter and that TERMINATION OF YOUR LEASE and EVICTION could result.

Because you have failed to take corrective action on this matter, our only remaining option is to turn this matter over to our attorney for legal action. The attorney will contact the Grand Traverse Band Tribal court and schedule a hearing date regarding the TERMINATION OF YOUR LEASE.

If you would like to avoid court action on this matter, you have five (5) business days from the date of this notice to come in and see your Resident Services Counselor, __________________________ to make arrangements on your arrears balance.

If we do not hear from you by the end of that five (5) day period, you will receive official notification that your lease is being terminated and that the matter has been turned over to our attorney for processing through the Grand Traverse Band Tribal court. If you have any questions, please feel free to call (231) 271-4473.

Sincerely,

______________________________
Bonnie L. Inman, Director
Housing Department

cc: Client File, Program Attorney
APPENDIX 41

Sample Letter

TERMINATION
Of
LEASE AGREEMENT
NOTICE
Dear ____________________________,

Pursuant to your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement, executed by you with the Housing Department on ____________, you are hereby notified that your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement to the dwelling unit located at: «unit number», «unit area / city», is being terminated, effective thirty-(30) calendar days from the date of this letter («date»).

The reason(s) your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement is being terminated are as follows:

__________________________________________________________

You must vacate the property on or before («date»), as stated above. The property must be left in a clean and good condition. The keys must be returned to the Housing Department. You shall be responsible for any costs associated with repairs and / or clean up of the dwelling unit.

Your failure to vacate the property shall result in EVICTION proceedings in Grand Traverse Band Tribal Court. If court action is necessary, the Housing Department shall request that you pay all legal fees, court costs, and attorney fees associated with the EVICTION.

If you wish to appeal the termination of your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement you must request a hearing. The request must be in writing, and submitted within ten (10) calendar days of receipt of this notice. Your request must contain the reason(s) for your appeal and must be delivered to the Housing Department. If your request for appeal meets the above conditions, a hearing shall be scheduled at least five (5) calendar days prior to the effective termination date of the Rental Lease / Mutual Help and Occupancy (MHOA) Agreement.

Sincerely,

__________________________________________
Housing Director

cc: Housing Attorney's Office, Resident Services Manager, Client File
APPENDIX 42

Sample Letter

ANNUAL RE-CERTIFICATION NOTICE
Dear ____________________________,

The Grand Traverse Band Housing Department requires that the total HOUSEHOLD income of all families living in housing be re-examined each year to ensure that the proper amount is being charged for Rental Lease / Homebuyer (MHAO Agreement payments).

Our records indicate that you are due for a re-exam. In order to do the re-exam, we must document all of your HOUSEHOLD income. You will need to complete the enclosed HOUSEHOLD INCOME and HOUSEHOLD COMPOSITION FORM's and sign the RELEASE OF INFORMATION form. (This includes income and signatures for everyone residing in your unit who is 18 years of age or older.)

Any payment adjustments resulting from annual re-exams shall go into effect on the 1st day of «enter month».

Please attach all supporting income verification documentation (i.e., your most recent check stubs, court papers for child support, unemployment papers, Social Security, etc.). If you are claiming childcare, you will need to pick up a CHILD CARE Verification Form at the front desk of the Housing Department. If you are self-employed, you are required to bring in your most recent INCOME TAX Forms (i.e., IRS 1040) for income verification.

The HOUSEHOLD Composition form and the RELEASE OF INFORMATION form must be completed in full and returned to the Housing Department no later than «date». Failure to provide us with current information could result in the Termination of your Rental Lease / Homebuyer (MHOA) Agreement.

If you have any questions, please contact this office.

Sincerely,

Resident Services Counselor

Atch: Household Composition Form
      Household Income Form
      Release of Information Form

cc: Client File
Dear ________________________,

Recently you were notified the need for you to complete a HOUSEHOLD INCOME and HOUSEHOLD COMPOSITION Form as part of your Annual Re-exam. Because you failed to respond within the time frame specified, I have set up an appointment for you to come into the office to complete your Re-Exam. Your appointment has been set for [Enter Date and Time Here].

Prior to your appointment, you will need to complete the enclosed HOUSEHOLD INCOME and HOUSEHOLD COMPOSITION Forms and sign the RELEASE OF VERIFICATION form. (This includes income and signatures for everyone residing in your unit who is 18 years of age or older.)

*Any payment adjustments resulting from Annual Re-Exams shall go into effect on the 1st day of «enter month».*

Please attach all supporting income verification / deduction documentation (i.e., your most recent check stubs, court papers for child support, unemployment papers, Social Security, etc.). If you are claiming childcare, you will need to pick up a CHILD CARE Verification Form at the front desk of the Housing Department. If you are self-employed, you are required to bring in your most recent INCOME TAX Forms (i.e., IRS 1040) for income verification.

*Your failure to show up for this appointment and your failure to provide us with current information regarding your Household Income / Composition could result in the Termination of your Rental Lease / Homebuyer (MHOA) Agreement.*

If you have any questions, please contact this office.

Sincerely,

__________________________  Atch: Household Composition Form
Resident Services Counselor  Household Income Form  

cc: Client File  Release of Information Form
APPENDIX  43

Sample Form

MONTHLY PAYMENT CALCULATION WORKSHEET
**INSERT ANNUAL INCOME**

(Per Public Law 104-330 NAHASDA)

<table>
<thead>
<tr>
<th>Family Members Name</th>
<th>Employment</th>
<th>6.00 X 40 X 52 X 1</th>
<th>$12,480.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Members Name</td>
<td>Social Security</td>
<td>200.00 X 12 X 1 X 1</td>
<td>$2,400.00</td>
</tr>
<tr>
<td>Family Members Name</td>
<td>Per Capita Pynt</td>
<td>100.00 X 26 X 1 X 1</td>
<td>$2,600.00</td>
</tr>
<tr>
<td>Family Members Name</td>
<td>Taxes</td>
<td>5,950.00 X 1 X 1 X 1</td>
<td>$5,950.00</td>
</tr>
</tbody>
</table>

**UN-ADJUSTED INCOME**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Income</td>
<td>$23,430.00</td>
<td></td>
</tr>
<tr>
<td>+ Cash Assets</td>
<td>$-</td>
<td></td>
</tr>
<tr>
<td>= Annual Income</td>
<td>$23,430.00</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>$1,952.50</td>
<td></td>
</tr>
</tbody>
</table>

**ADJUSTED INCOME**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Income</td>
<td>$23,430.00</td>
<td></td>
</tr>
<tr>
<td>- Child Deduction(s)</td>
<td>$2,400.00</td>
<td></td>
</tr>
<tr>
<td>- Elderly Deduction</td>
<td>$400.00</td>
<td></td>
</tr>
<tr>
<td>- Child Care</td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td>- Mileage</td>
<td>$1,300.00</td>
<td></td>
</tr>
<tr>
<td>- Court ordered supp.</td>
<td>$4,000.00</td>
<td></td>
</tr>
<tr>
<td>= Adj. Annual Income</td>
<td>$13,830.00</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>$1,152.50</td>
<td></td>
</tr>
</tbody>
</table>

**ESTIMATED HOUSING VOUCHER SUBSIDY**

1. Payment Standard (According to county) | $560.00 |
2. Adjusted Income (line B) | $1,152.50 |
3. 30% of Monthly Adjusted income (line 2 x 30%) | $345.75 |
4. Housing Voucher Subsidy Payment Standard / Estimated (line 1 - line 3) | $214.25 |

**CHECK MINIMUM TOTAL TENANT PAYMENT (TTP) GROSS RENT**

5. Rent to Owner (Gross Rent) | $500.00 |

**MINIMUM TENANT PAYMENT**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Un-Adjusted Income (line A)</td>
<td>$1,952.50</td>
<td></td>
</tr>
<tr>
<td>Minimum Tenant Payment (line 8 x 10%)</td>
<td>$195.00</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL TENANT PAYMENT**

8. Total tenant payment = the greater of:

   | Gross Rent (line 5) | $500.00 Minus (line 4) = $214.25 | $285.75 |
   | Minimum Tenant Payment (line 9) | $195.00 |

9. Housing Voucher Subsidy = the Lesser of:

   | Gross Rent (line 5) | $500.00 Minus (line 10) = $286.00 | $214.00 |
   | Housing Voucher Subsidy / estimated (line 4) | $214.25 |

**DETERMINE HOUSING ASSISTANCE PAYMENT & UTILITY REIMBURSEMENT**

10. Housing Assistance Payment (HAP) to Owner = Lessor of:

    | Housing Voucher Subsidy (line 11) | $214.00 |
    | Rent to Owner (line 5) | $500.00 |

11. Utility Reimbursement to Family = (line 11 - line 12) | $214.00 |

**TENANT RENT & TOTAL TENANT PAYMENT**

12. Tenent Rent = (line 5 - line 12) | $286.00 |

**TENANT PORTION PAYMENT:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>VOUCHER PAYMENT TO LANDLORD</td>
<td>$214.00</td>
</tr>
<tr>
<td>TENANT PORTION PAYMENT</td>
<td>$286.00</td>
</tr>
</tbody>
</table>

**EFFECTIVE START DATE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 6/1/2000</td>
<td>6/1/2000</td>
</tr>
</tbody>
</table>

**NAME:** Someones Name

**ADDRESS:** PO Box 1234 Somewhere City State Zip

**BDR Size:** 3

**COMPUTATION DATE:** 5/15/2000

**Verified By:**

**Date:**

**cc:** Client File

**GWTHC Form # 0C (5/00)**
**GTB HOUSING DEPARTMENT**

**HOME OWNERSHIP (Mutual Help) PAYMENT WORKSHEET**

1. **INSERT ANNUAL INCOME**
   (Per Public Law 104-330 NAHASDA)  
   $42,640.00

   **John Doe**
   Taxes
   $ 26,000.00 x 1.0 x 1 x 1 $ 26,000.00
   $ 8,000 x 2 x 1 x 1 $ 16,000.00
   $ x 1.0 x 1 x 1 $ -
   $ x 1.0 x 1 x 1 $ -
   $ x 1.0 x 1 x 1 $ -
   $ x 1.0 x 1 x 1 $ -
   x 1.0 x 1 x 1 $ -

2. **NUMBER OF FAMILY MEMBERS (EXCEPT HEAD OR SPOUSE) WHO ARE UNDER 18, FULL TIME STUDENTS or DISABLED**
   4

3. **LINE #2 x $ 480.00 =**  
   $ 1,920.00

4. **CHILD CARE EXPENSES**  
   $ 3,560.00

5. **COURT ORDERED CHILD SUPPORT PAYMENTS**  
   $ 10,500.00

6. **TRAVEL EXPENSES**
   (Not to exceed $1,300.00 Per Family)
   **ELDERLY EXPENSES**
   $ 1,300.00

7. **INSERT $ 400.00 FOR ELDERLY OR DISABLED FAMILY**  
   $ -

8. **MEDICAL EXPENSES**
   $ - x 12 months $ -

9. **.03 x Line #1 (ANNUAL INCOME)**  
   $ -

10. **Line #8 - Line #9 = MEDICAL DEDUCTIONS**  
    $ -

11. **TOTAL DEDUCTIONS (ADD Lines 3, 4, 5, 6, 7 & 10)**  
    $ 17,280.00

12. **ADJUSTED INCOME = (Line #1 - Line #11)**  
    $ 25,360.00

13. **MONTHLY INCOME (Line #12 ÷ 12 months)**  
    $ 2,113.33

14. **ENTER THE APPLICABLE PAYMENT TO INCOME RATIO**  
    15%

15. **MULTIPLY THE AMOUNT OF LINE #13 x LINE #14 =**  
    $ 317.00

16. **ENTER THE UTILITY ALLOWANCE**  
    $ 143.00

17. **ENTER THE MONTHLY PAYMENT (Line #15 - Line #16 =)**  
    $ 174.00

18. **Line #17 x 25% = LAW ENFORCEMENT OFFICER DEDUCTION**  
    $ 43.00

19. **Line #17 - Line #18 = MONTHLY PAYMENT**  
    $ 131.00

20. **ENTER THE ADMINISTRATION CHARGE**  
    $ 90.00

21. **ENTER THE LARGER OF LINE #19 AND LINE #20**
    (Ceiling Rent May Vary)  
    $ 131.00

22. **ENTER THE AMORTIZATION AMOUNT**
    NUMBER OF LEASE YEARS 15  
    Ceiling Rent $ 395.00

23. **ENTER THE LOWER OF LINE #21 AND LINE #22**  
    $ 131.00

**THIS WILL BE YOUR MONTHLY PAYMENT**

**NEW PAYMENT GOES INTO EFFECT ON:**

June 1st, 2001

- Make Retro _X_  
- Rent Change  
- Sublessor

- MOVE OUT - UNEARNED RENT  
- $ -

- MOVE IN - SEC. DEP. CHARGE  
- $ -

**CLIENT NAME:** John & Jane Doe  
**ADDRESS:** PO Box 888 City State Zip

**FILE NUMBER:** 68-243-016 / 100-01  
**FUNDWARE NO.:** 19031

**DATE OF COMPUTATION:** 5/1/2001  
**CLIENT NOTIFIED:** 5/10/2001

**STAFF SIGNATURE:** Counselor's Name  
**VERIFIED BY:** DATE:

**WAGE MAILED OUT:** NO  
**PHONE NO.:** Home 555-8888 / Work 555-9999

When completed, have this sheet verified, send a COPY to the A.S. Office & mail original to Client. **DO NOT WRITE BELOW for ADMINISTRATIVE ASSISTANCE USE ONLY**

Postings must be completed prior to rent effective date.

Date Received:  
**Received By:**

Date Posted:  
**Posted By:**

Rent Changed from:  
**to** effective

When posted, fill out, Copy and return entire sheet to counselor.
GTB HOUSING DEPARTMENT

LOW RENT - PAYMENT WORKSHEET

1. INSERT ANNUAL INCOME (Per Public Law 104-330 NAHASDA) $ 4,800.00
   Another Person W-2
   $ 400.00 x 12 x 1 x 1 x 1 $ 4,800.00
   $ - x 1 x 1 x 1 x 1 $
   $ - x 1 x 1 x 1 x 1 $
   $ - x 1 x 1 x 1 x 1 $
   $ - x 1 x 1 x 1 x 1 $
   $ - x 1 x 1 x 1 x 1 $
   $ - x 1 x 1 x 1 x 1 $

2. NUMBER OF FAMILY MEMBERS (EXCEPT HEAD OR SPOUSE) WHO ARE UNDER 18, FULL TIME STUDENTS or DISABLED 3

3. LINE #2 x $ 480.00 = $ 1,440.00
4. CHILD CARE EXPENSES $
5. COURT ORDERED CHILD SUPPORT PAYMENTS $
6. TRAVEL EXPENSES (Not to exceed $1,300.00 Per Family) $
7. INSERT $ 400.00 FOR ELDERLY OR DISABLED FAMILY $
8. MEDICAL EXPENSES $ - x 12 months $
9. .03 x Line #1 (ANNUAL INCOME) $
10. Line #8 - Line #9 = MEDICAL DEDUCTIONS $
11. TOTAL DEDUCTIONS (ADD Lines 3, 4, 5, 6, 7 & 10) $ 1,440.00
12. ADJUSTED INCOME = (Line #1 - Line #11) $ 3,360.00

13. MONTHLY INCOME (Line #12 ::: 12 months) $ 280.00
14. ENTER THE APPLICABLE PAYMENT TO INCOME RATIO 30%
15. MULTIPLY THE AMOUNT OF LINE #13 x LINE #14 = $ 84.00

3. ENTER THE UTILITY ALLOWANCE $
17. ENTER THE MONTHLY PAYMENT (Line #15 - Line #16 = ) $ 84.00
18. Line #17 x 25% = LAW ENFORCEMENT OFFICER DEDUCTION $ -
19. Line #17 - Line #18 = MONTHLY PAYMENT $ 84.00
20. ENTER THE MINIMUM RENT PAYMENT $ 25.00
21. ENTER THE LARGER OF LINE #19 AND LINE #20 $ 84.00
22. ENTER THE CEILING RENT AMOUNT $ 350.00
23. ENTER THE LOWER OF LINE #21 AND LINE #22 $ 84.00

THIS WILL BE YOUR MONTHLY PAYMENT

NEW PAYMENT GOES INTO EFFECT ON: June 15th, 2000

☐ Make Retro ☐ Rent Change ☒ MOVE OUT - UNEARNED RENT $ -
☐ MOVE IN - SEC. DEP. CHARGE $ 200.00 PRORATED AMOUNT $ 42.00

CLIENT NAME: Another Person ADDRESS: HWY 66 City State ZIP
FILE NUMBER: 69-256-215 / 10-01 FUNDWARE NO.: 25952
STAFF SIGNATURE: Counselor's Name VERIFIED BY: DATE: 
WAGE MAILED OUT: YES PHONE NO.: N/A
YES OR NO

When completed, have this sheet verified, send a COPY to the A.S. Office & mail original to Client.
DO NOT WRITE BELOW for ADMINISTRATIVE ASSISTANCE USE ONLY

Postings must be completed prior to rent effective date.

Date Received: Received By:
Date Posted: Posted By:
Rent Changed from: to effective ______________

When posted, fill out, Copy and return entire sheet to counselor.
APPENDIX 44

Sample Form

INTERIM ADJUSTMENT FORM
INTERIM ADJUSTMENT FORM - FAMILY COMPOSITION / INCOME

HEAD OF HOUSEHOLD / NAME: ____________________________

MAILING ADDRESS: _______________________________________

HOME PHONE: ______________________ WORK PHONE: ________

List the HEAD OF HOUSEHOLD first and then ALL OTHER HOUSEHOLD MEMBERS who are residing with you in your home. Give the relationship, of each member, to the HEAD OF HOUSEHOLD. For example: WIFE, GIRLFRIEND, SON, GRAND DAUGHTER, etc.

<table>
<thead>
<tr>
<th>NAME OF HOUSEHOLD MEMBER</th>
<th>RELATION</th>
<th>BIRTH DATE</th>
<th>SEX</th>
<th>STUDENT</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAD OF HOUSEHOLD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTE: If you, or member(s) of your household, have legal custody of the child(ren) listed above, you are required to bring in proof (unless it is already on file at the Housing Department).

INCOME DATA

Fill the NAME of each household member who is employed or receives financial assistance from any source. List the TYPE OF INCOME or SOURCE OF INCOME along with the address of the employer or source of income. The amount received for each should also be listed.
NOTE: If you are receiving Social Security, SSI, W-2, GAP, Unemployment, Child Support, Veteran’s and/or Retirement funds, YOU must bring in a copy of your AWARD LETTER for each one that you are receiving (unless a current copy is already on file at the Housing Department).

<table>
<thead>
<tr>
<th>NAME OF HOUSEHOLD MEMBER</th>
<th>TYPE OR SOURCE OF INCOME</th>
<th>ADDRESS FOR SOURCE OF INCOME</th>
<th>ANNUAL INCOME</th>
<th>SEASONAL YES / NO</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

POSSIBLE DEDUCTIONS

For HUD funded projects and / or programs, certain deductions are allowed when it comes to rent / homebuyer payment calculations. To help us determine whether or not you are eligible for such deductions, please complete the areas listed below that are applicable. The Housing Department will do third party verifications on all claims.

CHILD CARE. Child Care payments can be used as a deduction for “YOUR” child(ren) so long as they are twelve (12) years of age and under and provided that there is no one in the home that is eighteen (18) years or older who is able to provide such care. Please keep in mind that this deduction only applies to money that YOU pay out to an individual / company / business, etc. for watching YOUR child(ren) while you are at work or at school.

I am claiming CHILD CARE, in the amount of $__________________ (WK / MT / YR Amount) for the following Children__________________.

__________________, ____________________, ____________________, ____________________.

My CHILD CARE PROVIDER is:

Name: ___________________________ Address: ___________________________ Phone #: ___________________________

NOTE: If your claiming CHILD CARE that enables you to work or go to school, then you will need to pick up a Housing Department CHILD CARE certification form (GWTHD Form # 41) to fill out. The CHILD CARE certification form and supporting documents (i.e. IRS Form 1040 and / or cancelled checks / check stubs / receipts) are to be returned to the Housing Department along with this INTERIM ADJUSTMENT form.
**CHILD SUPPORT**  This deduction applies to money that you are paying out to an ex-spouse / significant other in order for him / her to take care of YOUR child(ren):

I certify that I pay $________________________ (WK / MT / YR Amount) for the SUPPORT of MY child(ren).

Those children are: (list names) ______________________________________________________________

_______________________________________________________

My CHILD SUPPORT PAYMENTS are paid to:

Name: _______________________________  Address: ____________________________________________  Phone #: ________________

**LAW ENFORCEMENT OFFICER:**  If you are a "Law Enforcement Officer" employed by the Grand Traverse Band Tribal Police Department or the Leelanau County Sheriffs Department, you are eligible for a Deduction on your monthly Rent / Homebuyer payment. If you feel you qualify for this deduction, please provide the following:

Name of Employer: __________________________________—— Date of Hire: ______________________

Job Title: ____________________________________________________________

**MILEAGE:**  HUD allows a deduction for "Excessive" mileage to / from Work or School. This is based on the Federal Mileage Rate (34.5 cents per mile – 2001) and not to exceed $25 per family per week.

I am claiming Mileage as follows:

Family Member Name: ___________________________  Distance from my Home / School (Located at / in __________________________) to Work / School (Located at / in __________________________) of _________ miles round trip. Number of trips per week: _____.

Family Member Name: ___________________________  Distance from my Home / School (Located at / in __________________________) to Work / School (Located at / in __________________________) of _________ miles round trip. Number of trips per week: _____.

**HANDICAPPED OR DISABLED STATUS:**

Is the HEAD OF HOUSEHOLD or Spouse of the Head of Household Handicapped or Disabled?  YES ☐  NO ☐

If YES, Explain:

_________________________________________________________

You must provide written verification (if not already on file at the Housing Department).
I affirm that the information provided on this INTERIM ADJUSTMENT FORM is true and correct to the best of my knowledge. I further understand that misrepresentation of facts constitutes fraud and could render me ineligible for housing.

(Signature of HEAD OF HOUSEHOLD)  (Date)  (Signature of SPOUSE / SIGNIFICANT OTHER)  (Date)

(Signature of Household Member over 18)  (Date)  (Signature of Household Member over 18)  (Date)

PLEASE RETURN PROMPTLY TO HOUSING WHEN FINISHED
APPENDIX 45

Sample Form

WAGE ASSIGNMENT
WAGE ASSIGNMENT AGREEMENT

I, ______________________________ do hereby authorize the Grand Traverse Band of Ottawa and Chippewa Indians (GTB), and Traverse Bay Entertainment (TBE) or ______________________________ to deduct $ _______________ from each payroll check, or moneys due me for purposes of paying my ______________________________ with the Grand Traverse Band Housing Department.

I have been given the opportunity to review a copy of the Grand Traverse Band Tribal Ordinance # (as amended), on credit transaction assignments.

I understand that this wage assignment CAN NOT be stopped until the obligation for which it was started has been fully satisfied. I also understand that a service fee of $1 per transaction will be deducted, in addition to my Wage Assignment, to be retained by (circle one) GTB / TBE for the cost of this service.

_____________________________  _______________________________
Clients Printed/Typed Name    Clients Signature

_____________________________  _______________________________
Date Signed    Mailed by    Date Mailed

NOTICE OF STOP PAYMENT FOR WAGE ASSIGNMENT

Please be informed that the Grand Traverse Band Housing Department is stopping the wage assignment currently in effect for ______________________________ in the amount of $ _______________, that was signed on ______________________________

Reason: □ Obligation has been Satisfied. □ Other: ______________________________

Thank you for your cooperation in this matter.

Respectfully,

_____________________________  _______________________________
Housing Department Staff Signature    Date Mailed

cc: Client File

GRAND TRAVERSE    CHARLEVOIX    LELANAU    RENZIE    MANISTEE    ANTRIM
APPENDIX 46

Sample Form

CLOSE OUT SETTLEMENT STATEMENT
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)

(Date)

Dear ____________________________,

Pursuant to Article 3 (SECURITY DEPOSIT) of your Lease Agreement, the Security Deposit shall be used by the Housing Department to apply towards reimbursement of any money owed the Housing Department at time of lease termination. This includes, but is not limited to, back rent; repair of damages to the unit caused by the tenant, family, or guests; or other charges (i.e. Legal Fees) owed by the tenant.

HOUSE / APT # ____________________________ AREA ____________________________
PROJECT # ____________________________ FILE # ____________________________

SECURITY DEPOSIT PAID $ ____________

LESS: TENANT CHARGES / DAMAGES $ ____________
RENT ARREARS $ ____________
OTHER CHARGES $ ____________
SUB-TOTAL OF CHARGES $ ____________
TOTAL CHARGES OWED BY TENANT $ ____________

TOTAL REFUND DUE TENANT $ ____________

Copies of your MOVE-IN & MOVE-OUT INSPECTIONS, Tenant Charge Sheet, Time and Materials Sheet, and Utility Charges (as applicable) are attached for your records and review.

GTRHD Form Letter # 31a
04/2002
If the above figure indicates that your Security Deposit was not sufficient to cover the total charges due to the Housing Department, you will have sixty (60) days, from the date of this notification, to pay what is owed. Failure on your part to pay following sixty (60) days will result in our attorney initiating legal action against you to seek restitution through the Small Claims Court of the Grand Traverse Band. You are further reminded that failure to pay will also result in your being placed in the Housing Departments BAD DEBTS database which, in effect, will render your ineligible for any future housing assistance from the Housing Department (until such time as that debt is paid IN FULL).

If you have any questions regarding this matter, please feel free to call us at (231) 271-4473.

Sincerely,

Resident Services Staff Signature

Attachments as Indicated Above

cc: Client File
APPENDIX 47

DECK SPECIFICATIONS
SPECIFICATIONS FOR INSTALLING DECKS

Purpose: This appendix to the Housing Departments OCCUPANCY Policy sets the general guidelines for deck materials and building practices. These Guidelines shall be used for planning purposes only. The final approval of a fence building project shall rest with the Grand Traverse Band Housing Department Director.

1. WOOD DECKS.

   A. All wood decks will have the following characteristics:

      (1) All material must be of grade number 2 or better.

      (2) All materials will be cedar or treated fir (proof of treatment required)

      (3) All treated fir above ground will have a retention rating of .25 or better, ground level and below will be .40 retention or better, (a .25 retention rating is approximately 1/4 lb. of active ingredient per 1 cubic foot).

      (4) Flooring material will be a minimum of 1-1/2" thick material.

      (5) Supporting joists will be a minimum of 2"x 6" with proper supporting members.

      (6) Supporting uprights will be straight 4" x 4" or larger. Field cut ends will be treated. Moisture barrier will be used between footings and uprights.

      (7) Solid concrete footings will be used (Pier block, block, poured). Footings will be a minimum of 2" below ground and a minimum of 2" above ground. Footings should be shaped to let water run off.

      (8) There will be a moisture barrier between the house and deck.

      (9) The deck will not be attached to the house. If structural hardware is used i.e. hangers or brackets, it will be of galvanized or stainless steel material.

      (10) Spans will comply with state code (see attached tables). Find the Fb and E values in table A for the joist you are using. Then go to table B to find your dimensions.
2. **GUARDRAILS.**

   A. All guardrails will have the following characteristics:

   (1) Guardrails are required for decks over 30" above ground.
   (2) Guardrails will be 36" minimum, 42" maximum to top of rail.
   (3) Vertical members will not allow an object of 6" in diameter or larger to pass through.
   (4) Horizontal members will not allow an object of 4" in diameter or larger to pass through.

3. **STAIRS.**

   A. All stairs will have the following characteristics:

   (1) Handrails will be a minimum of 36" in space above steps.
   (2) Steps will have a minimum width of 32" at and below the handrail when there is one handrail and 28" minimum for two hand rails.
   (3) The maximum riser height will be 8" (measured vertically between the top surfaces of adjacent treads).
   (4) The minimum tread depth will be 9" (measured horizontally between the vertical planes of the foremost projection of adjacent treads).
   (5) The surface of the treads will not be sloped.
   (6) The greatest riser height will not exceed the smallest by more than 3/8".
   (7) The greatest tread depth will not exceed the smallest by more than 3/8".
   (8) All stairways will have illumination in accordance with state code.
4. HANDRAILS.

A. All handrails will have the following characteristics:

   (1) When there are more than 3 risers, handrails are required.

   (2) Handrails will comply with this policy, required or not.

   (3) Handrails will have a minimum height of 30" and a maximum height of 38" (measured from the nose of the tread).

   (4) Handrails will be continuous the full length of the stairs.

   (5) End shall be returned or terminate in newel posts or safety terminals (when along a wall).

   (6) Handrails projecting from a wall will have a minimum clearance from the wall of not less than 1-1/2".

   (7) Handrail diameter will be no less than 1-1/4" and no more than 2-5/8".

   (8) Grip will be smooth with a minimum radius of 1/4" on top.

5. RESTRICTIONS.

A. Decks will have the following restrictions:

   (1) Decks will have a 10’ setback from all property boundaries.

   (2) Decks will not exceed 400 square feet

   (3) Decks will not have a permanent roof structure.

   (4) Decks will be allowed only in the back yard.

6. The Housing Department Director must approve all deck projects; exceptions may be granted on a case-by-case basis. The application for approval can be obtained from the Housing Department office.

7. The client (homebuyer) agrees to maintain the deck in good condition. Housing Department maintenance staff shall inspect the deck at completion to assure compliance with these standards.

8. The Housing Department reserves the right to have the deck removed at the clients (homebuyer) expense if it is found to be in non-compliance with these standards and represents a safety risk.
APPENDIX 48

Sample Letter

NOTICE to VACATE
Dear _______________________,

Due to a recent change in your status, we have determined that you are no longer eligible for continued occupancy in the dwelling unit located at: «unit number», «unit area / city».

You have thirty - (30) calendar days, from the date of this letter («date»), in which to vacate the unit.

The specific reason(s) for this action are as follows:

________________________________________________________________________

________________________________________________________________________

You must vacate the property on or before («date»). The property must be left in a clean and good condition. The keys must be returned to the Housing Department. You shall be responsible for any costs associated with repairs and/or clean up of the home.

Failure to vacate the property by («date») shall result in EVICTION proceedings in the Grand Traverse Band Tribal Court. If court action is necessary, the Housing Department shall request that you pay all legal fees, court costs, and attorney fees associated with the EVICTION.

If you wish to appeal this order to VACATE you must do so via a hearing. Your request for a hearing must be in writing, and submitted within ten (10) calendar days of receipt of this notice. Your request must contain the reason(s) for your appeal and must be delivered to the Housing Department. If your request for appeal meets the above conditions, a hearing shall be scheduled at least five (5) calendar days prior to the VACATE date listed above.

Sincerely,

________________________________________________________________________

Bonnie L. Inman, Director
Housing Department

cc: Program Attorney’s Office, Resident Services Manager, Client File