



# Grand Traverse Band of Ottawa and Chippewa Indians

Housing Department III  
2605 N West Bay Shore Drive  
Peshawbestown MI 49682  
Office: (231) 534-7800 Fax: (231) 534-7025



## ARP SUPPLEMENTAL RENTAL ASSISTANCE Application Checklist

Please review your application to make sure that contains the following information:

### For all Applicants:

- Copy of lease
- Copy of Driver's License or GTB Tribal Enrollment Card
- Social Security for all adults 18 or older in household
- GTB Tribal ID for each household member (*if applicable*)
- Income Verification for each adult 18 or older
  - Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2021)
  - or
  - Pay stubs for last 4 weeks

### Things to Note:

- This Program is limited availability
- Only one 6-month term will be approved if Tribal Member household qualifies
- Only one per household/address regardless of the number of Tribal Members who reside in the home
- All applications must be submitted by 9/30/2022 for consideration in the program

# GRAND TRAVERSE BAND HOUSING

## ARP SUPPLEMENTAL RENTAL ASSISTANCE APPLICATION

### Applicant Information

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Tribal ID: \_\_\_\_\_  
Address of Rental Property: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### General Information

1. Are you or is a member of your household a member of an Indian tribe?  
 Yes     No
  - a. If yes, attach proof of membership of an Indian Tribe for each household member
2. Do you rent the home in which you are living?     Yes     No

### Household Member Information:

| Name | Date of Birth | Last 4 digits of SSN | Tribal Enrollment No. | Annual or Monthly Income | Income Source |
|------|---------------|----------------------|-----------------------|--------------------------|---------------|
|      |               |                      |                       |                          |               |
|      |               |                      |                       |                          |               |
|      |               |                      |                       |                          |               |
|      |               |                      |                       |                          |               |
|      |               |                      |                       |                          |               |
|      |               |                      |                       |                          |               |
|      |               |                      |                       |                          |               |
|      |               |                      |                       |                          |               |

### Income Verification

Please provide all proof of income for the applicant and all permanent family members at least 18 years of age who are listed above and have earned income. Copies of income tax returns, W-2 forms, Per Capita, Trust Fund distributions, wage/check stubs. Social security award letters, etc.

## Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits?

Yes  No

a. If yes, attached supporting documentation demonstrating each individual's qualification for unemployment benefits.

2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)

A reduction in household Income

Loss of Employment/Temporary Layoff/or Furlough

Reduction in hours/pay.

Unable to work or experiencing financial hardship due to no child care/school.

Underlying medical condition requiring staying home to prevent exposure.

Loss of self-employment/business income

Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.

Disabled and enduring increased costs because of the COVID-19 pandemic

Incurred significant costs (hospital bills, medication costs, etc)

Other financial hardship; list:

a. If you checked any of the boxes above, attach supporting documentation for each hardship. (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

## Rental Information

1. Type of Rental:

Apartment

House

Room

2. How many bedrooms: \_\_\_\_\_

3. How many people will occupy rental? \_\_\_\_\_

**Applicant Acknowledgements**

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 80 percent of the Area Median Income for the household.

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Grand Traverse Band Housing Department of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if Grand Traverse Band Housing Department determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*If a landlord or owner of a residential dwelling submits this application on behalf of the Applicant:*  
I, \_\_\_\_\_, the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

**Application Received by Grand Traverse Band Housing Department:**

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

|  |                           |
|--|---------------------------|
| <b>OFFICIAL USE ONLY</b>   |                           |
| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason: _____             |
| Denial Communicated: _____   | 6 month start date: _____ |



# Grand Traverse Band of Ottawa and Chippewa Indians

Housing Department III  
2605 N West Bay Shore Drive  
Peshawbestown MI 49682

Office: (231) 534-7800

Fax: (231) 534-7025



## ARP SUPPLEMENTAL RENTAL ASSISTANCE Applicant Certification of Economic Hardship

*In order for Financial Assistance to be provided under the ARP Supplemental Rental Assistance Program, this Certification of Economic Hardship must be completed and signed/ dated by the tenant.*

I, \_\_\_\_\_, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the Grand Traverse Band Housing Department of any significant changes to my household income or financial status that would impact my eligibility for the ARP Supplemental Rental Assistance 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

\_\_\_\_\_  
Date