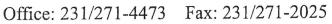
Sample Form

ROACH SPRAYING TREATMENT NOTICE



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





(Name of Client)	ROACH SPRAYING TREATMENT NOTICE
(Address)	
(City, State, ZIP)	(Date)
Dear,	
The Grand Traverse Band Housing Dep SPRAYING TREATMENT for your unit, 2002 at	, located at, _ a.m. / p.m.
Spraying / Treatment of roaches will also be every	
An information sheet on ROACHES & TREATMENT is attached for your convenience. prepare your unit for treatment.	PREPARING YOUR UNIT FOR
NOTICE: In the event of bad weather, is scheduled treatment on short notice. Should Department staff will contact you, advise you of the soon as possible.	this be necessary, the Housing
If you have any questions, please call the 1 4473.	Housing Department at (231) 271-
Sincerely,	
Housing Department Staff Signature	Encl: Information Sheets
cc: Maintenance Division Client File	

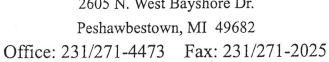
GVTHD Form Letter # 49

GRAND TRAVERSE



Grand Traverse Band of Ottawa and Chippewa Indians Housing, Department IX

2605 N. West Bayshore Dr.





(Name of Client)	a andrinos profession		ROACH FOG TREATMENT NOTICE
(Address)		Design registration	NOTICE
(City, State, ZIP)		Manual desires	(Date)
Dear			
The Grand Traverse Band F TREATMENT for your unit on	, locate , 2002 at _	ed at	a.m. / p.m.
Fogging / Treatment of roach every			
An information sheet on FTREATMENT is attached for your prepare your unit for treatment.			
NOTICE: In the event of be scheduled treatment on short not Department staff will contact you, ac soon as possible.	tice. Should	this be n	ecessary, the Housing
If you have any questions, ple	ease call the h	lousing De	partment at (231) 271-
Sincerely,			
Housing Department Staff Signature		End	cl: Information Sheets
cc: Maintenance Division			

GTBHD Form Letter # 50 (04/01/02)

Client File

GRAND TRAVERSE

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).
- Household pets should be removed from the house during treatment.
- 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.
- 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.
- 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

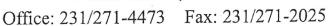
Sample Letter

NOTIFICATION of LEASE VIOLATION



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





(Client Name)		NOTIFICATION OF LEASE VIOLATION
(Address)		
(City, State, ZIP)		
		(Date)
Dear		
This letter Help (MHOA)	serves to advise you that you have Agreement.	e violated your Rental Lease / Mutu
Date of Viola	tion(s):	
been violated:	olation(s): The following paragrap	
Consequence IMMEDIATEL`	es of Violation(s). Failure, on y Y, can result in the Termination of yo	vour part to correct the violation(our Lease Agreement
Planned Actio	on(s) of the Housing Department:	•

BENZIE

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 " <i>Grieve</i> " 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

2

cc: Resident Services Manager Client File

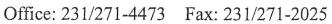
Sample Letter

DELIQUENCY NOTICE



Grand Traverse Band of Ottawa and Chippewa Indians Housing, Department IX

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





(Name of Client)	-	DELINQUENT
(Address)		NOTICE
(City, State, ZIP)		
Dear	J.	(Date)
The purpose of this notice is to ac you are in non-compliance with Agreement. We have reviewed the determined the following:	your Lease (Rental / Hon	nebuyer – as applicable)
PAST DUE: + CURRENT AMOUNT DUE:	\$ \$	(Previous Month(s)) (This Month)
= TOTAL AMOUNT DUE (AF	RREARS): \$:
The Housing Department hereby «due date».	requires that you pay t	he sum of \$ «total» by
Your failure to pay the above-me receiving a "FINAL NOTICE". TEI NOTE: You could then be held re Attorney fees that are necessitated	RMINATION can result fron sponsible to pay for any fil	n this action being taken.
Pursuant to the Grand Traverse Policy, counseling assistance is avaithe need to resort to eviction as a re Resident Services Counselor, «full re	ailable to delinquent Client': emedy. You may request si	s in an effort to minimize uch assistance from your
If your FULL payment has recently	y been made, please disre	egard this notice.
Sincerely,		
Resident Services Counselor		
cc: Client File		

GTBHD Form Letter # 28A (06/01/02)

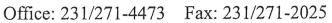
Sample Letter

FINAL NOTICE



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





	,
(Name of Client)	FINAL NOTICE
(Address)	NOTICE
(City, State, ZIP)	
¥	.*
Dear,	(Date)
Last week you were sent notification from yo name» that your monthly payment was past due (delinquent). You were given five (5) business informed that your failure to respond would result	e and that your account was in arrears so days to correct this. You were also
The purpose of this notice is to advise you that payment for that ARREARS balance. The Hous you pay the balance due «\$ amount due» by «	ing Department hereby requires that
Your failure to pay the delinquent balance dureceiving a "PENDING LEGAL ACTION NOTICE action being taken. NOTE: You could then be fees, court fees and Attorney fees which are necessarily	E'. TERMINATION can result from this held responsible to pay for any filing
Pursuant to the Grand Traverse Band Housin Policy, counseling assistance is available to delit the need to resort to eviction as a remedy. You re Resident Services Counselor, «full name» who can	nquent Client's in an effort to minimize may request such assistance from your
If your FULL payment has recently been made	, please disregard this notice.
Sincerely,	
,	
Decident Consists Manager	
Resident Services Manager	

GTBHD Form Letter # 28B

cc: Client File

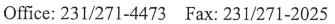
Sample Letter

LEGAL ACTION PENDING NOTICE



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





(Name of Client) (Address)	PENDING LEGAL ACTION RENTAL
(City, State, ZIP)	
Dear,	(Date)
On, your Resident Servaccount with the Housing Department was in arrears, the options on how to take corrective action.	rice Counselor advised you that your amount that was past due, and your
On, the Resident Service you had failed to meet the stated deadline for taking correct TERMINATION OF YOUR LEASE and EVICTION could reconstruct the state of the state	es Manager sent you a reminder that ective action on this matter and that esult.
Because you have failed to take corrective action on this to turn this matter over to our attorney for legal action. Traverse Band Tribal court and schedule a hearing date	he attorney will contact the Grand
YOUR LEASE. If you would like to avoid court action on this matter, yo the date of this notice to come in and see you () to make arrangements on your a	r Resident Services Counselor,
If we do not hear from you by the end of that five official notification that your lease is being terminated turned over to our attorney for processing through the Gif you have any questions, please feel free to call (231) 271-	d and that the matter has been Grand Traverse Band Tribal court.
Sincerely,	
Bonnie L. Inman, Director Housing Department	
co: Client File, Program Attorney	

GWTHD Form Letter # 37 01/01/01

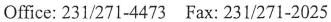
Sample Letter

TERMINATION Of LEASE AGREEMENT NOTICE



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





(Name of Client)	NOTIFICATION OF TERMINATION OF
(City, State, ZIP)	LEASE AGREEMENT
Dear,	(Date)
Pursuant to your Rental Lease / Mutual Help and Occupancy you with the Housing Department on notified that your Rental Lease / Mutual Help and Occupa dwelling unit located at: «unit number», «unit area / city», is to (30) calendar days from the date of this letter («date»).	, you are hereby ancy (MHOA) Agreement to the
The reason(s) your Rental Lease / Mutual Help and Occupar terminated are as follows:	ncy (MHOA) Agreement is being
You must vacate the property on or before («date»), as stated a in a clean and good condition. The keys must be returned to shall be responsible for any costs associated with repairs and /	the Housing Department. You
Your failure to vacate the property shall result in EVICTION pand Tribal Court. If court action is necessary, the Housing you pay all legal fees, court costs, and attorney fees associated	Department shall request that
If you wish to appeal the termination of your Rental Lease (MHOA) Agreement you must request a hearing. The request n within ten (10) calendar days of receipt of this notice. Your req for your appeal and must be delivered to the Housing Department the above conditions, a hearing shall be scheduled at least the effective termination date of the Rental Lease / Mutual Agreement.	nust be in writing, and submitted quest must contain the reason(s) ment. If your request for appeal ast five (5) calendar days prior to
Sincerely,	
Housing Director	
cc: Housing Attorney's Office, Resident Services Manager, Client File	

GTBHD Form Letter # 23 06/01/02

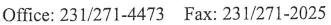
Sample Letter

ANNUAL RE-CERTIFICATION NOTICE



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





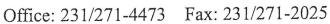
(Name of Client)	NOTIFICATION
(Address)	OF ANNUAL RE-EXAM
(City, State, ZIP)	TAI THOUSE AND
Dear ,	(Date)
	, ,
The Grand Traverse Band Housing Department income of all families living in housing be re-examine amount is being charged for Rental Lease / Homebuye	ed each year to ensure that the proper
Our records indicate that you are due for a re-example document all of your HOUSEHOLD income. You HOUSEHOLD INCOME and HOUSEHOLD CORELEASE OF INFORMATION form. (This includes residing in your unit who is 18 years of age or older.)	will need to complete the enclosed DMPOSITION FORM's and sign the
Any payment adjustments resulting from annual 1 st day of «enter month».	l re-exams shall go into effect on the
Pease attach all supporting income verification of check stubs, court papers for child support, unemploy you are claiming childcare, you will need to pick up a front desk of the Housing Department. If you are self-your most recent INCOME TAX Forms (i.e., IRS 1040)	ment papers, Social Security, etc.). If CHILD CARE Verification Form at the employed, you are required to bring in
The HOUSEHOLD Composition form and the REL be completed in full and returned to the Housing Dep to provide us with current information could result in the Homebuyer (MHOA) Agreement.	artment no later than «date». Failure
If you have any questions, please contact this office	
Sincerely,	
	tch: Household Composition Form
Resident Services Counselor	Household Income Form Release of Information Form
cc: Client File	

GTBHD Form Letter # 61



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





(Name of Client) (Address) (City, State, ZIP)	SECOND AND FINAL NOTIFICATION OF ANNUAL RE-EXAM
Dear ,	(Date)
Recently you were notified the need for you to cor HOUSEHOLD COMPOSITION Form as part of your to respond within the time frame specified, I have set us the office to complete your Re-Exam. Your appointment Time Here].	mplete a HOUSEHOLD INCOME and Annual Re-exam. Because you failed up an appointment for you to come into
VERIFICATION form. (This includes income and signal unit who is 18 years of age or older.)	orms and sign the RELEASE OF natures for <u>everyone</u> residing in your
Any payment adjustments resulting from Annu on the 1 st day of «enter month».	ual Re-Exams shall go into effect
Pease attach all supporting income verification / decreent check stubs, court papers for child support, unetc.). If you are claiming childcare, you will need to pick at the front desk of the Housing Department. If you a bring in your most recent INCOME TAX Forms (i.e., IRS	employment papers, Social Security, c up a CHILD CARE Verification Form re self-employed, you are required to
Your failure to show up for this appointment a current information regarding your Household Inches Termination of your Rental Lease / Homebuyer (ome / Composition could result in
If you have any questions, please contact this off	ice.
Sincerely,	
Resident Services Counselor	ch: Household Composition Form Household Income Form Release of Information Form

GTBHD Form Letter # 61

cc: Client File

Sample Form

MONTHLY PAYMENT CALCULATION WORKSHEET

GTB HOUSING DEPARTMENT

RENTAL ASSISTANCE PROGRAM

		IXLI		- 7001	<i>J</i> <i>r</i>	11101		00.		•					
	INSERT ANNUAL INC	OME (Per	⊃ubli	Law 10	4-3	30 NA	HASE	(A)						\$	23,430.00
(ployment	\$	6.00	X	40	Х	52	X		1 . 5	\$ 1	2,480.0	0	
	Family Members Name	Social Security	\$	200.00	X	12	X	1	X				2,400.0		
		Percapita Pymt	\$	100.00	X	26	X	1	X				2,600.00		
				5,950.00	X	1	X	1	X		1 5		5,950.00		
	Family Members Name	Taxes	\$				×	1	, x		1 5		5,550.00	,	
			\$. · ·	X	1			15,000				_		
			\$		X	1	X		X		1 \$	<u> </u>			
	···· AD HIGTED INCOM	·-							ΔD	IIIC.	TED	INIC	OME		
	UN-ADJUSTED INCOM												OIVIL	œ	22 420 00
	Total Income	\$ 23,430.00					_				come		·(a)	\$	23,430.00
	+ Cash Assets	\$ -				480 x	5	=			Deduc			\$	2,400.00
	= Annual Income	\$ 23,430.00								-	Ded	ucu	OH	\$	400.00
Α	-:- by 12 Months	\$ 1,952.50								nild C				\$ \$ \$ \$	1,500.00
										leag				\$	1,300.00
											ordere			\$	4,000.00
										-	nnua		ome	\$	13,830.00
							E	3	-:- b	y 12	Mon	ths		\$	1,152.50
	ESTIMATED HOUSING		SIDY											5	a _ constitute
	Payment Standard (Acco													\$ \$ \$	560.00
2	Adjusted Income (line B))												\$	1,152.50
	30 % of Monthly Adjuste													\$	345.75
4	Housing Voucher Subsic	ly Payment Stand	ard /	Estimate	d (li	ine 1 -	· line 3)						\$	214.25
	CHECK MINIMUM TOTA	AL TENANT PAY	MEN	T (TTP)	GR	oss i	RENT								
5.	Rent to Owner (Gross Re	ent)												\$	500.00
	MINIMUM TENANT PAY	YMENT												0.	
1	Monthly Un-Adjusted Inc	ome (line A)												\$	1,952.50
	Ainimum Tenant Payme													\$	195.00
	TOTAL TENANT PAYM														
8	Total tenant payment = the great														
	Gross Rent (line 5)	\$ 500.00	Minus	(line 4)	,	\$ 21	4.25	=	\$	285.7	' 5				
	or														
	Minimum Tenant P		-5						\$	195.0	0			\$	286.00
	HOUSING VOUCHER S														1
9	Housing Voucher Subsid	y = the Lesser of:													1
	Gross Rent (line 5)	\$ 500.00	∕linus (line 10)	_ 9	28	6.00	= .	\$	214.0	0				1
	or														
	Housing Voucher Subsid	y / estimated (line	4)						\$	214.2	5_			\$	214.00
				181											
	DETERMINE HOUSING					TY R	EIMBL	JRSI	EME	NT					ļ
	Housing Assistance Payr		ner =	Lessor	f:										I
	Housing Voucher Subsid	y (line 11)			\$	21	4.00								
	or														
	Rent to Owner (line 5)				\$	500	0.00							\$	214.00
11	Utility Reimbursement to	Family = (line11 -	line	12)									W 3	\$	-
	TENANT RENT & TOTA		IENT											_	
12	Tenant Rent = (line 5 - lir	ne 12)						101.11.25.11 .				arament		\$	286.00
	TENANT PORTION	PAYMENT:			\$		286.0	00			EFF	EC	TIVE S	TART	DATE
	VOUCHER PAYMEN		RD	-	\$		214.0	00					6/1	2000	
	A O O O I I I I I I I I I I I I I I I I	I IO LAITEL			*			_			-		-, ,,		
	NAME: Someones	name			ADI	DRES	S: P	о во	ox 12	34 S	ome	whe	re City	State	Zip
7	HONE #: 555-5656						ze : 3								
(COMPUTATION DATE :	5/15/2000			_		Y : C	ouns	selor's	s Nai	me				
		0/10/2000			ח	ate:		-	20.01	- 101					· · · · · · · · · · · · · · · · · · ·
	Verified By:		-		J	u.c								GWTHD	Form # 6C
	cc: Client File													SWINU	
	rr: Client File														(05/00)

	HOME OWNERSHIP (Mutual Help) PAYMENT WORKSHEET		
1.	INSERT ANNUAL INCOME (Per Public Law 104-330 NAHASDA)	\$	42,640.00
	Tool Taxes \$ 26,000.00 x 1.0 x 1 x 1 \$ 26,000.00		
חר	Doe Employment \$ 8.00 x 80.0 x 26 x 1 \$ 16,640.00 \$ - x 1.0 x 1 x 1 \$ - x 1.0 x 1 \$ -		
	\$ - x 1.0 x 1 x 1 \$ -		
	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	\$ 1.0 x 1.1 \$		
	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	•	1 000 00
	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
	ENTER THE APPLICABLE PAYMENT TO INCOME RATIO		15%
		\$	317.00
****		\$	143.00
-		Ψ \$	174.00
	Line #17 x 25% = LAW ENFORCEMENT OFFICER DEDUCTION \$ 43.00	<i>y</i>	174.00
		\$	131.00
	_	\$ \$	90.00
		<u>-</u>	131.00
		5	395.00
	ENTER THE AMORTIZATION AMOUNT NUMBER OF LEASE YEARS 15 Ceiling Rent SENTER THE LOWER OF LINE #21 AND LINE #22	\$	131.00
25.	THIS WILL BE YOUR MONTHLY PAYMENT	_	101100
ALEX	W PAYMENT GOES INTO EFFECT ON: June 1st. 2001		
IVE			
	Make Retro X Rent Change Sublessor		
	MOVE OUT - UNEARNED RENT \$ -		
1	MOVE IN - SEC. DEP. CHARGE \$ - PRORATED AMOUNT	\$	<u>-</u>
CLIEN	T NAME: John & Jane Doe ADDRESS: PO Box 888 City State Zip		
	NUMBER: 68-243-018 / 100-01 FUNDWARE NO.: 19031		
	OF COMPUTATION: 5/1/2001 CLIENT NOTIFIED: 5/10/2001		
	SIGNATURE: Counselor's Name VERIFIED BY: DATE:		
	YES OR NO	-14	- 01:1
wr	en completed, have this sheet verified, send a COPY to the A.S. Office & mail original DO NOT WRITE BELOW for ADMINISTRATIVE ASSISTANCE USE ONLY	ai t	o Client.
	Postings must be completed prior to rent effective date.		
Date	e Received: Received By:		
Date	e Posted: Posted By:		
Ren	t Changed from:toeffective		
	When posted, fill out. Copy and return entire sheet to counselor.		

GTB HOUSING DEPARTMENT

LOW REN		BIF						ENT			
						SFIL				¢	4,800.00
1. INSERT ANNUAL INCOME (Per Publi Another Person W-2 \$ 400	ic Law _{0.00}	104-3 x	12 NA	AHAS x	DA) 1	×	1	\$	4,800.0	₀₀ _\$_	4,000.00
\$	-	x	1	×	1	X	1	\$	-		
\$	-	x	1	x x	1	x	1 1	\$			
• • • • • • • • • • • • • • • • • • •	-	x	1 .	×	1 .	x	1	\$	-		
	•	X	1	×	1	X	1 1	\$	-		
Strategie to Figure to the complete of the second s	-	X	1	X	1	X	1	\$			
2. NUMBER OF FAMILY MEMBERS (EXCEPT ARE UNDER 18, FULL TIME STUDENTS) WH	Ю		3				
3. LINE #2 x \$ 480.00 =						-		-		\$	1,440.00
4. CHILD CARE EXPENSES										\$	
5. COURT ORDERED CHILD SUPPORT	PAYM	MENTS	3							\$	
6. TRAVEL EXPENSES (Not to excee				amily)						\$	
7. INSERT \$400.00 FOR ELDERLY OR	DISAE	N FD	FAMII	ΙΥ						\$.
8. MEDICAL EXPENSES \$											
903 x Line #1 (ANNUAL INCOME)	<u> </u>	12 1110.		•							
10. Line #8 - Line #9 = MEDICAL DEDUC	TION	is								\$	
11. TOTAL DEDUCTIONS (ADD Lines 3, 4, 5, 6										\$	1,440.00
12. ADJUSTED INCOME = (Line #1 - Line #1)		,								\$	3,360.00
											280.00
13. MONTHLY INCOME (Line #12 -:- 12 monthed) 14. ENTER THE APPLICABLE PAYMENT TO II	,	4E DA	TIO								30%
15. MULTIPLY THE AMOUNT OF LINE #13 x										\$	84.00
	LIIVE	# 1-7	-							1 (44.1)	34.00
3. ENTER THE UTILITY ALLOWANCE	,		10 -							\$	
17. ENTER THE MONTHLY PAYMENT (Line #1				•				.		\$	84.00
18. Line #17 x 25% = LAW ENFORCEMENT C		FK DI	EDUC	HON			-	\$		<u>.</u>	94.00
19. Line #17 - Line #18 = MONTHLY PAYMENT	11									<u>\$</u> \$	25.00
20. ENTER THE MINIMUM RENT PAYMENT 21. ENTER THE LARGER OF LINE # 19 AND I	INF :	" 2∩								<u> </u>	84.00
22. ENTER THE CEILING RENT AMOUNT	-1141- ,	¥ 20								-¢	350.00
23. ENTER THE COLLING RENT AMOUNT 23. ENTER THE LOWER OF LINE #21 AND L	INE #	22								\$	84.00
THIS WILL BE YOUR MONTHLY PAYMENT											
NEW PAYMENT GOES INTO EFFECT OF	N :					Jun	e 15	th. 20	000		
그렇다 그리다 하는 사람들이 되었다.		٦.									
Make Retro	_	」「	Rent Cl	nanye							
MOVE OUT - UNEARNED RENT	\$		-	_							
X MOVE IN - SEC. DEP. CHARGE CLIENT NAME: Another Person			00.00	- 2			•	MOUN	Γ	\$	42.00
Secretaria de la compansión de la compan											
					RE NO.		552		6/7/2000	`	
					TIFIED:				DATE:		
STAFF SIGNATURE: counselor's Name		NE NO.		KIFIEU	Ві		/A		DATE.		
WAGE MAILED OUT: YES YES OR NO											,
When completed, have this sheet verified, DO NOT WRITE BELOW for A	ADMI	NIST	RAT	IVE	ASS	ISTA	ANC		-) Client.
Postings must be co	mplet	ed pri	or to	rent e	ffectiv	ve da	te.				
Date Received:		Red	ceive	d By	:						
Date Posted:	_	Pos	sted E	Ву:							
Rent Changed from:	_to				ef	fecti	ve_				
When posted, fill out, Co.	pv ar	nd ret	um e	entire	she	et to	cou	nseloi	<u>.</u>		

Sample Form

INTERIM ADJUSTMENT FORM

CRAND TRAVERSE BAND OF CITAWA AND CHIPDEWA INDIANS

2605 N. West Bayshore Dr. Peshawbestown, Ml. 49682

(231) 271-4473 Office (231) 271-2025 Fax



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 relationship, of each member, to the HEAD OF HOUSEHOLD.	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.

	SEX STUDENT SOCIAL SECURITY NIMBER							
	STUDENT							
	BIKTH DATE							
THE ATTENDED	RELATION	HEAD OF HOUSEHOLD	A CONTRACTOR OF THE CONTRACTOR					
NAME OF HOUSEHOLD MEMBED	WHITE OF THE WINDS							

GTBHD Form # 18 (04/01/02)

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

NOTE: If you are receiving Social Security, SSI, W-2, GAP, Unemployment, Child Support, Veteran's and/or Retirement funds, YOU must bring Fill the NAME of each household member who is employed or receives financial assistance from any source. List the TYPE OF INCOME or 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). SOURCE OF INCOME along with the address of the employer or source of income. The amount received for each should also be listed.

INCOME

	SEASONAL	YES/NO			,
A NISITIAN	INCOME	LINCOINIE			
ADDRESS	FOR SOURCE OF INCOME				
TYPE OR SOURCE	OF INCOME				
NAME OF HOUSEHOLD MEMBER					

POSSIBLE DEDUCTIONS

us determine whether or not you are eligible for such deductions, please compete the areas listed below that are applicable. The Housing For HUD funded projects and / or programs, certain deductions are allowed when it comes to rent / homebuyer payment calculations. To help

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

(WK / MT / YR Amount) for the following Children		Phone #:
I am claiming CHILD CARE, in the amount of \$	My CHILD CARE PROVIDER is:	Name: Address:

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 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.

This deduction applies to money that you are paying out to an ex-spouse / significant other in order for him / her to take d(ren)):	(WK / MT / YR Amount) for the SUPPORT of MY child(ren)).		ITS are paid to:	Address:	LAW ENFORCEMENT OFFICER: If you are a "Law Enforcement Officer" employed by the Grand Traverse Band Tribal Police Department o for this deduction, please provide the following:	- Date of Uice		HUD allows a deduction for "Excessive" mileage to / from Work or School. This is based on the Federal Mileage Rate (34.5 cents	;s	Distance from my Home / Sc	Distance from my Home / School (Located at / in miles from my Home /		or Spouse of the Head of Household Handicapped or Disabled?	
CHILD SUPPORT This deduction applicare of YOUR child(ren)):	I certify that I pay \$	Those children are: (list names)	My CHILD SUPPORT PAYMENTS are	Name:	LAW ENFORCEMENT OFFICER: If you at the Leelanau County Sheriffs Departme for this deduction, please provide the f	Name of Employer:	Job Title:	MILAGE: HUD allows a deduction for "Excessive" mileage per mile – 2001) and not to exceed \$25 per family per week.	l am claiming Mileage as follows;	Family Member Name: to Work / School (Located at / in	Family Member Name: to Work / School (Located at / in	HANDICAPPED OR DISABLED STATUS:	Is the HEAD OF HOUSEHOLD or Spou	If VES Exalpin

l 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.

(Date) (Date) (Signature of Household Member over 18) (Signature of SPOUSE / SIGNIFICANT OTHER) (Date) (Date) (Signature of Household Member over 18) (Signature of HEAD OF HOUSEHOLD)

RETURN PROMPTLY TO HOUSING PLEASE

Sample Form

WAGE ASSIGNMENT



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



WAGE ASSIGNMENT AGREEMENT

			ac	nereby auti	norize the Grai	nd Traverse Band
Ottawa a	and Chip	pewa Ind	ians (GTB),	and Trave	rse Bay Ente	ertainment (TBE)
				to	deduct \$	fro
each pa	ayroll cl	neck, or	moneys	due me	for purpose:	
					with the G ı	and Traverse Ban
Housing						2000 1 May 11
						averse Band Triba
Ordinanc	e # (as a	menaea), (on credit tran	saction assignment	griments.	
which it v	vas starte	ed has be	en fully satis	sfied. I also	understand t	til the obligation fo hat a service fee o Assignment, to b
			/TBE for th			ricoigiiiioni, io b
C	lients Printe	d/Typed Name			Clients S	ignature
	Date Si	anod		Mailed by		Date Mailed
	Date Si	gneu		Maned by		Date Malled
reconditional land with Earth Properties Control Control	,					
	NOTICE	E OF STO	P PAYME	NT FOR W	AGE ASSIG	NMENT
Places he	informed	that the G	rand Traver	sa Rand Ho	usina Denartn	nent is stopping the
	milonined	unat the S			asing beparen	iterit is stopping the
Wade as	sianment		lv in effe	ect for		
		current			ned on	
n the amo	unt of \$	t current	, 1	that was sigr	ned on	
n the amo	unt of \$	t current	, 1	that was sigr	ned on	
n the amo Reason: [unt of \$_ Obliga	tion has be	een Satisfied.	that was sign	ned on	
in the amo Reason: [unt of \$_ Obliga	tion has be	, 1	that was sign	ned on	
in the amo Reason: [Thank you	unt of \$ Obligation for your of	tion has be	een Satisfied.	that was sign	ned on	
in the amo Reason: [unt of \$ Obligation for your of	tion has be	een Satisfied.	that was sign	ned on	
in the amo Reason: [Thank you	unt of \$ Obligation for your of	tion has be	een Satisfied.	that was sign	ned on	
n the amo Reason: [Thank you	unt of \$ Obligation for your of	tion has be	een Satisfied.	that was sign	ned on	

cc: Client File

GTBHD Form # 21 (04/02

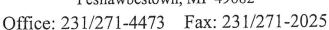
Sample Form

CLOSE OUT SETTLEMENT STATEMENT



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





(Name of Client)	SETT	FOR DENTAL UNIT
(Address)		RENTAL UNIT
(City, State, ZIP)		(Date)
Dear		
Pursuant to Article 3 (SECURITY DEPOSIDE Deposit shall be used by the Housing Depart any money owed the Housing Department at but is not limited to, back rent; repair of damfamily, or guests; or other charges (i.e. Legal F	ment to apply time of lease to nages to the u	towards reimbursement of termination. This includes, unit caused by the tenant,
HOUSE / APT # AREA _ 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.

GTBIII) Form Letter # 31:

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

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.

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.

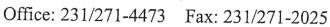
Sample Letter

NOTICE to VACATE



Grand Traverse Band of Ottawa and Chippewa Indians

Housing, Department IX 2605 N. West Bayshore Dr. Peshawbestown, MI 49682





(Name of Client) (Address)	NOTICE TO VACATE
(City, State, ZIP)	THE RESERVACION OF THE PROPERTY OF THE PROPERT
Dear,	(Date)
Due to a recent change in your status, we have determine continued occupancy in the dwelling unit located at: «un	ed that you are no longer eligible for it number», «unit area / city».
You have thirty - (30) calendar days, from the date o vacate the unit.	f this letter («date»), in which to
The specific reason(s) for this action are as follows:	
You must vacate the property on or before («date»). The p good condition. The keys must be returned to the Hou responsible for any costs associated with repairs and/or clear	ising Department You shall be
Failure to vacate the property by («date») shall result in EV Traverse Band Tribal Court. If court action is necessary request that you pay all legal fees, court costs, and a EVICTION.	v. the Housing Department shall
If you wish to appeal this order to VACATE you must do so hearing must be in writing, and submitted within ten (10) cale Your request must contain the reason(s) for your appeal and Department. If your request for appeal meets the abov scheduled at least five (5) calendar days prior to the VACATE	endar days of receipt of this notice. must be delivered to the Housing e conditions a hearing shall be
Sincerely,	
Bonnie L. Inman, Director Housing Department	

GTBHD Form Letter # 24 04/01/02

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