



**D. Income Information**

Please provide all proof of income for the applicant and all permanent family members at least 18 years of age who are listed under Section C 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. **must** be attached for verification.

NAME	INCOME	SOURCE

*Monthly rent rate must be affordable and cannot exceed monthly income.*

**E. Applicant Certification**

Read this certification carefully before you sign and date your application in ink.

I certify that all of the information given on this application is true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance. I further understand that misrepresentation of facts constitutes fraud and could render me ineligible for financial assistance.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETE BY HOUSING OFFICE STAFF ONLY**

- PROOF OF ALL CURRENT INCOME
- TRIBAL ID (ALL APPLICABLE)
- SOCIAL SECURITY CARDS (ALL ADULTS)

- AUTHORIZATION
- RENTAL AGREEMENT/LEASE

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

APPLICATION COMPLETE AND ACCEPTED. VERIFIED BY: _____ STAFF SIGNATURE	APPLICANT INITIAL
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# Grand Traverse Band of Ottawa and Chippewa Indians

Housing Department IX  
2605 N. West Bay Shore Drive  
Peshawbestown, MI 49682

Office: (231) 534-7800

Fax: (231) 534-7025



## AUTHORIZATION FOR RELEASE OF INFORMATION

**PURPOSE:** The Grand Traverse Band Housing Department may use this Authorization and the information obtained with it to administer and enforce Tribal and Federally subsidized Housing program rules and policies.

**PROGRAMS COVERED:**

1. Rental Housing (Single Family, NAHASDA Elderly, Section 515)
2. Homeownership Programs (Mutual Help & Tax Credit)
3. Rental Assistance (Formerly Section 8/Voucher)
4. HUD Section 202 Elderly Rental
5. Emergency Housing Shelter
6. Housing Department Loan Programs
7. Federal Loan & Loan Guarantee Programs (VA, HUD Sec 184, Rural Development Section 502, 504 & RNAP)
8. Down Payment Assistance Program

**AUTHORIZATION:** I, authorize the release of any information, including documentation and other material pertinent to eligibility for participation under any of the above named programs. Additionally, I authorize the Grand Traverse Band Housing Department to obtain information about me or my family that is pertinent to eligibility for participation in any of the above named programs.

**INFORMATION COVERED:** Inquires may be made and information provided on the following:

W-2 Payments	G.A.P. Payments	Federal, State, Tribal or Local Benefits
Credit History	Criminal Activity	Family Composition
Medical Expenses	Identify Martial Status	Employment, Pensions and Assets
Social Security Numbers	Child Care Payments	Handicapped Assistance Expenses
Residents Rental History	Unemployment Compensation	Wages
Loan Paperwork (all types)	Mortgage Loan Approvals	Foreclosure Notices (on Loans)
Delinquency Notices (on Loans, Rent, Utilities, etc.)		

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:** Any individual or organization, including any governmental organization, may be asked to release information. Examples of such agencies/organizations are:

Financial Institutions (all types)	Welfare Agencies
Tribal/County/State/Federal Courts	Law Enforcement Agencies
Credit Bureaus	Employers (Past/Present)
Landlord(s) (Past/Present)	Schools and Colleges
U.S. Social Security Administration	U.S. Dept. of Veterans Affairs
Utility Companies	U.S. Dept. of HUD
Bureau of Indian Affairs (BIA)	U.S. Dept. of AG, Rural Dev.

**PROVIDERS OF:**

Alimony, child care, credit, child support, medical care, handicapped assistance, Pension, Annuities

**CONDITIONS:** I, agree that photocopies of this authorization may be used for the purpose stated above. I also understand that if I do not sign this authorization for the release of information, I can be denied eligibility for Tribal and/or Federal Housing Assistance.

<hr/>	<hr/> /_____/_____/_____/	<hr/>
(Head of Household Signature)	(Social Security Number)	(Date)

<hr/>	<hr/> /_____/_____/_____/	<hr/>
(Spouse / Friend / Significant Other Signature)	(Social Security Number)	(Date)

<hr/>	<hr/> /_____/_____/_____/	<hr/>
(Other Household Member - over 18 years of age -Signature)	(Social Security Number)	(Date)

<hr/>	<hr/> /_____/_____/_____/	<hr/>
(Other Household Member - over 18 years of age -Signature)	(Social Security Number)	(Date)