



Housing Department  
 1743 142<sup>nd</sup> Ave.  
 PO Box 218  
 Dorr MI 49323  
 (616) 681-9510

## Home Improvement Application

### A. Applicant Information

Name				
	Last	First	Int.	Maiden
Current Address				
City		Zip		Phone ( ) -
DOB	/ /	SSN	- -	Roll # -
<b>Martial Status</b> <small>Please check one</small>		Single	Married	Widowed
				Other

### B. Housing Information

Location of house to be repaired (Please give address & detailed directions to residence).	
Please write major cross streets and indicate location of home.	<div style="text-align: center;"> </div>

Please check or circle items that apply.

Electric available	Y	N	Sewer Type	City	Septic tank	# of Bedrooms					
Water Source	City		Private Well		Comm. Water Tank		Other (Explain)				
Size of Home <small>(In Square Feet)</small>			Bath tub	Y	N	Sinks	Y	N	Property	Own	Rent



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Provide a brief description of home repairs for which you are applying. List each request separately and provide as much detail as possible.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_

8. \_\_\_\_\_

\_\_\_\_\_

9. \_\_\_\_\_

\_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_



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**Family Information:**

List all family members living within the household on a permanent basis.

Name	DOB	SSN	Relation	Tribal Roll #
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-
	/ /	- -		-

**E. Applicant Certifications**

(Read this certification carefully before you sign and date your application. All applications must be signed in ink)

I certify that all of the answers given are 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, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. I also understand that if I employ any contactor or subcontractor without Housing's prior written approval, I alone will be responsible for payment, completion and ensuring that such work meets Housing's approval. Housing reserves the right to not accept such work and require it to be done over.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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



# MATCH-E-BE-NASH-SHE-WISH

Band of Pottawatomis Indians

*Gun Lake Tribe*

Housing Department

1743 142<sup>nd</sup> Ave. P.O. Box 218 Dorr, MI 49323

Telephone: (616) 681-9510 Fax: (616) 681-9520

[www.mbpi.org](http://www.mbpi.org)

Dear Applicant,

Before you submit your request for Home Improvement Assistance, I suggest that you review the following checklist to be sure that you have submitted copies of all necessary documents. This will help ensure consideration as a complete application.

- Home Improvement application.
- The most current income check stub(s) for all family members within the household.
- The most current tax returns/W2's for all family members within the household.
- Social Security cards for all family members within the household.
- All other applicable forms of income for all family members within the household, which may include but is not limited to, child support, unemployment, social security or pension benefits.
- Inspection Agreement Contract.
- Authorization for Specific Confidential Communications form.
- Proof of homeownership in the form of title or mortgage agreement.
- A letter or statement from the taxing government stating all property taxes are current.
- Proof of valid homeowners insurance.

Sincerely,

*Melissa Brown*

Melissa Brown  
Housing Director

## INSPECTION AGREEMENT

I, \_\_\_\_\_, agree that in the event of my absence or extreme tardiness for a  
Print Your Name

scheduled inspection, I will be duly responsible for payment of the inspection fee and travel cost, if applicable. Furthermore, I understand that no future progress will be made with my application until payment has been made in its entirety.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Authorization For Specific Confidential Communications

Your housing information is confidential. In order to discuss or answer questions about your housing assistance with anyone, such as your spouse/significant other, adult child, etc., the Gun Lake Tribe Housing Department needs your permission. If you choose, you may indicate that you do not want us to discuss your housing information with anyone by writing “**NONE**” on one of the lines below and signing this form. Otherwise, please list the name(s) of the individuals you authorize the Gun Lake Tribe Housing Department to release information to.

I authorize the Gun Lake Tribe Housing Department to disclose the following confidential housing information to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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This authorization shall be in force and effect and does not expire until it is revoked in writing. I understand that I have the right to revoke this authorization in writing at any time by sending such written notification to: Gun Lake Tribe Housing Department, P.O. Box 218, Dorr, MI 49323.

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Applicant's Signature

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Date

## Terms and Conditions of Application/Agreement

By applying for the Gun Lake Tribe’s Home Improvement Program Grant (“Grant”), the Applicant agrees to the following terms and conditions:

1. Applicant agrees that if Applicant sells, leases, rents, assigns or otherwise transfers any interest in the property to be repaired (“Property”) (whether voluntarily or through foreclosure, or any other procedure) to any person or entity not presently enumerated on the Property’s Title within three years of the first date of the rendering of such home improvement services,<sup>1</sup> Applicant will reimburse the Gun Lake Housing Department (“Housing Department”) the cost of some or all of the Grant, plus an administrative fee of ten percent (10%) of the Grant, according to the following schedule:

Length of Time After Home Improvement Work Began (the date that the home improvement work begins will be set forth in a correspondence from the Housing Department):	Amount of Grant Applicant Is Required to Reimburse: <sup>2</sup>
Less than one calendar year	100%
More than one calendar year but less than two calendar years	66%
More than two calendar years but less than three calendar years	33%
More than three calendar years	0%

- a. The Applicant agrees to provide immediate notice to the Housing Department upon the occurrence of any event described above in Paragraph 1. Such notice shall be sent to the attention of the Director of the Gun Lake Tribal Housing Department, via certified mail at the following address:

Housing Department  
1743 142<sup>nd</sup> Ave.  
Suite 6  
Dorr, MI 49323

- b. The following is an **example** of the reimbursement schedule: Assume the improvement work began on **December 13, 2007** and the Grant amount was \$8000. Thus, the 10% administrative fee equals \$800 and the total Ground amount would equal **\$8800**.

Length of Time After Home Improvement Work Began:	Amount Applicant Is Required to Reimburse:
Less than one calendar year—before December 13, 2008	100% or \$8800
More than one calendar year but less than two calendar years—after December 13, 2008 but before December 13, 2009	66% or \$5808
More than two calendar years, but less than three calendar years—after December 13, 2009 but before December 13, 2010	33% \$2992
More than three calendar years—after December 13, 2010	0%

2. The Applicant, each for itself, its invitees, and its respective successors, heirs, descendants, personal representatives, assigns, parent and subsidiary organizations, affiliates, partners, agents, employees,

<sup>1</sup> This shall include any instances when the Property no longer serves as the Applicant’s primary residence, even when the home /property remains in the Applicant’s name.

<sup>2</sup> A ten (10%) administration cost will be added into the Grant for purposes of reimbursement under this schedule.

officials, boards and commissions, insures, hereby agrees to release, discharge and acquit the Housing Department (and Gun Lake Tribe) from any and all claims, demands, actions, causes of action, liabilities, damages, costs and obligations, including attorneys' fees and expenses, of every kind or nature, known or unknown, matured and unmatured, past, present or future, arising out of or connected with the Property or any repairs or improvements performed in connection with the Grant.

3. All notices and other communications under or with respect to this Agreement shall be in writing and must be sent to the Housing Department to the address above, or, in the event of any change in any address, then to such other address as to which notice of the change is given. Notice and other communications must be sent to the attention of Director, Gun Lake Tribal Housing Department, via certified mail.
4. The Housing Department has no responsibility for the use, maintenance, or fitness of the repairs. The Applicant agrees not to assign, transfer, lease or encumber its rights or obligations under this agreement. The Application shall indemnify, defend, and save the Housing Department and Gun Lake Tribe and its employees harmless from an against any claims, losses, liabilities, costs, expenses, damages or other obligations of any nature in any way arising out of the use, operation, maintenance, or repair of the Property.
5. The failure or delay by the Housing Department in exercising any of its rights under this Agreement shall not constitute a waiver thereof. The Housing Department may waive its rights only by an instrument in writing signed by the Housing Department.
6. The Applicant acknowledges to have read and understood the Gun Lake Tribe Home Improvement Policies and Procedures and agrees to be bound by the terms and conditions contained therein.
7. This Application is subject to current eligibility requirements and availability of funding at the time of selection for program participation.
8. All Applicants are responsible for keeping the information in their Application Current.

**I, the undersigned Applicant, certify that I have read the foregoing Terms and Conditions and agree to adhere to and be bound by such Terms and Conditions, as well as the Gun Lake Home Improvement Policies and Procedures.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_