

Lease to Purchase Homeownership Program

The Sault Tribe Housing Authority Lease to Purchase Homeownership Program is leasing with the option to purchase and is designed to meet a goal of Homeownership for low-income Tribal families.

This program is designed to have the home paid off between fifteen and thirty years. Payments are based on the value of the home and include a \$115.00 Administration Fee. Lease to Purchase homes are located in Kincheloe, Sault Ste. Marie and St. Ignace.

Selection Criteria

When a home is available, all of the completed applications are reviewed. The following criteria is used to determine selection

- ⊕ Tribal Membership - Must be a member of a Federally recognized Tribe to Lease the Land. Sault Tribe Members will have preference.
- ⊕ Acceptable Credit History - if questionable, should show improvements or good reason.
- ⊕ Acceptable Landlord References with a satisfactory payment history
- ⊕ Satisfactory Criminal History Report
- ⊕ Income Eligibility
- ⊕ Money in a savings account is not necessary but it is helpful.
- ⊕ A financial assessment will be completed for all applicants as a component of determining eligibility.

Applicant Responsibility

The applicant is responsible to notify the Occupancy Department with any changes such as...

- ⊕ Income
- ⊕ Family Composition
- ⊕ Change in address

The applicant is also responsible to contact the Occupancy Department every three (3) months to update the application.

Income and Asset Limits

Total household income shall not exceed NAHASDA Guidelines at the time of admission to the Lease to Purchase Homeownership Program. These Guidelines are posted in the Housing Office as they are updated annually by the Federal Government.

Total household assets shall not exceed \$25,000 for a non-elderly family and \$70,000 for an elderly family. Assets include but are not limited to Cash in checking or savings accounts, Stocks, Bonds, Equity in Property or Real Estate.

Move in Requirements

If your family is selected for a home you will be required to attend pre-occupancy Homebuyer Education classes. These classes include Money Management, Responsibilities of Home Ownership and Are you Ready for Homeownership.

A down payment is not required, but you are required to have all utilities in your name.



**Sault Ste. Marie Tribe of Chippewa Indians
Housing Authority
154 Parkside
Kincheloe, MI 49788**

(906)495-1450 or 1-800-794-4072

Homeownership Program Application

The Sault Tribe Housing Authority requires that you update your application every three (3) months. If there are changes in address, income or family composition it needs to be reported immediately. Your application will be removed from the waiting list and filed inactive if it is not updated.

Items that you will need to complete your application: Please check the box as you attach to the application.

- Updated Tribal cards for all Tribal members
- Social Security cards for all household members
- Drivers Licenses for all family members over the age of eighteen
- Earned Income Verification: most recent tax return with W-2s **and** two current check stubs
- Unearned Income Verification: Child Support, Social Security
- Birth Certificates for all family members under the age of eighteen
- Documentation of Custody and/or Parenting time for all children under the age of eighteen
- Completed and Signed Credit History Release Agreement for the applicant and co-applicant
- Completed and Signed Release of Information Agreement for all household members over the age of eighteen
- Address History for the past five years
- Two Landlord References: name, complete address and phone number from non-relatives
- Employment History for the past two years

Once you have attached the above information, please initial here _____

Selection is based on the following criteria

- Income Eligibility
- Tribal Membership
- Satisfactory Criminal Background check
- Satisfactory Credit History Report
- Acceptable Landlord References with satisfactory rent paying history
- All situations being equal, the date of application will be the deciding factor

If you would like more information or need help completing the application, contact the Homeownership Department at 906.495.1450. Please return your application, **along with this cover sheet**, to the above address.

Homeownership Lease to Purchase Program Application

Please Print Clearly

Received by _____

Date _____

Time _____

Site Preferred (please circle)

Kincheloe

Sault Ste. Marie

St. Ignace

Applicant/Co-Applicant Information

Applicant Name		Co-Applicant Name	
Current Address		Current Address	
City/State/Zip		City/State/Zip	
Years at this address		Years at this address	
Marital Status		Marital Status	
Home Phone		Home Phone	
Work Phone		Work Phone	

If residing at present address for less than five years, complete the following

Previous Address		Previous Address	
City/State/Zip		City/State/Zip	
Dates of Occupancy	From: To:	Dates of Occupancy	From: To:

Household Members

Member Name	Relationship	Date of Birth	Sex	Social Security Number	Tribal Affiliation
	Head of Household				

Employment Information

Applicant		Co-Applicant	
Name & Address of Employer	Date of Hire	Name and Address of Employer	Date of Hire
<input type="checkbox"/> Self Employed		<input type="checkbox"/> Self Employed	
Position Title/Type of Business	Hours per Week	Position Title/Type of Business	Hours per Week
Business Phone Number		Business Phone Number	
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>			
Name & Address of Employer	Date of Hire	Name & Address of Employer	Date of Hire
<input type="checkbox"/> Self Employed		<input type="checkbox"/> Self Employed	
Position Title/Type of Business	Hours per Week	Position Title/Type of Business	Hours per Week
Business Phone Number		Business Phone Number	

Monthly Income

Gross Monthly Income	Applicant	Co-Applicant	Total
Employment Income*	\$	\$	\$
Overtime			
Bonuses			
Commissions			
Child Support			
Social Security			
Other (FIP, Alimony, Pension, or any additional household Income)			
Total	\$	\$	\$

**Self-employed applicant(s) may be required to provide additional documentation.*

List two people who we may contact if unable to reach you.

Name	Relationship	Address	Phone #
Name	Relationship	Address	Phone #

Declarations

You must answer all questions, please use the back to explain, if necessary.	Applicant		Co-Applicant	
	Yes	No	Yes	No
Is any member of your household employed full-time, part-time or seasonally?				
Does any member of your household work for someone who pays him or her cash?				
Is any member of your household on a leave of absence from work due to lay off, medical, maternity or military leave?				
Does any member of your household now receive or expect to receive unemployment benefits?				
Does any member of your household now receive or expect to receive Child Support?				
Does any member of your household receive or expect to receive public assistance?				
Does any member of your household receive, or expect to receive Social Security benefits?				
Does any member of your household receive, or expect to receive income from a pension or annuity?				
Does any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?				
Do you or any household member own a home or other real estate?				
If Yes, what is the market value? You must provide Verification.	\$		\$	
Have you or any member of your household sold or given away real property or other assets in the past two (2) years?				
If yes, what was the market value?	\$		\$	
Are you obligated to pay alimony, child support, or separate maintenance? Provide proof				
Do you have any current legal proceedings pending? If yes, please explain on the continuation sheet?				
Have you ever been convicted of any crime other than a traffic violation? If yes, please answer the following on the continuation sheet: Who? When? Where?				
Have you ever committed fraud in any Federally subsidized housing program?				
Do all members of your household have the legal right to live in the United States? (Either a US Citizen or a non-citizen with valid documentation from the Bureau of Citizenship and Immigration) If you answered "yes" because you are a non-citizen with valid documentation, you must provide copies of that documentation.				
Does any member of your household have a family or business relationship with an employee or Board of Commissioner of the Sault Tribe Housing Authority? If yes, please explain.				

Assets and Liabilities

ASSETS Description, Name, & Address of Bank, Credit Union, or Company (Savings, Checking, ..)	CASH or MARKET VALUE	LIABILITIES (Debts Owed) Description, Name, & Address of Bank, Credit Union or Company. (Medical Bills, Student Loans, Credit Cards, Dept Store CC, Revolving credit, Loans)	MONTHLY PAYMENT	UNPAID BALANCE/ PAYMENTS REMAINING
Acct. #		Acct. #		
Acct. #		Acct. #		
Acct. #		Acct. #		
Acct. #		Acct. #		
Acct. #		Acct. #		
Acct. #		Acct. #		
Acct. #		Acct. #		
Total Liquid Assets				
Real Estate Owned (If any, attach list of properties owned)				
Net Worth of Business (Attach documentation)				
Automobiles Owned (Make & Year)				
Other Assets (List)				
TOTAL ASSETS	\$	TOTAL MONTHLY PAYMENTS	\$	\$

Acknowledgment and Agreement

Certification: I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for housing programs. I further understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge, and I understand that my selection for Tribal Housing may be contingent upon the Housing Authority being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in my eviction from any dwelling unit obtained from the Housing Authority and possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Applicant Signature x	Date
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Co Applicant Signature x	Date
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Continuation Sheet (Use additional sheet if necessary)

Use this continuation sheet if you need to provide additional information for your application. Mark "A" for Applicant and "C" for Co Applicant.

I/We understand that it is a Federal crime punishable by fine and/or imprisonment to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Applicant Signature x	Date
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Co Applicant Signature x	Date
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Credit History Release Agreement

Sault Tribe Housing Authority
154 Parkside
Kincheloe, MI 49788
906.495.1450
Fax: 906.495.1456

Please Print Clearly

Last Name	Middle Name
First Name	Maiden or other Last Name
Social Security Number	Date of Birth
Driver's License Number	State Issued
Address	Phone Number
City, State, Zip Code	
Current Employer	Phone Number
Address, City, State, Zip for Employer	
Do you own or rent your home?	

I agree to supply the Sault Tribe of Chippewa Indians Housing Authority a credit report for the purpose of applying for Housing and/or Lease to Purchase Program.

Applicant and Co-Applicant will need to complete this process.

You can obtain a free credit Report from the following websites:

www.annualcreditreport.com or www.creditkarma.com

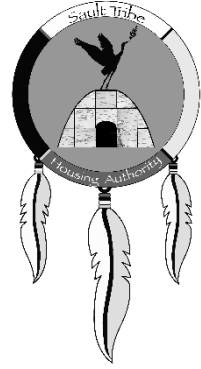
Applicant Signature: _____

Co-Applicant Signature: _____

Date: _____

Sault Ste. Marie Tribe of Chippewa Indians

Housing Authority
154 Parkside
Kincheloe, MI 49788
FAX (906)495-1456



Landlord Reference Questionnaire

Dear _____
Landlord's name and address

The family listed below has applied for housing with our program. I am asking your cooperation in supplying information on the tenant history of this family. This information will be used only in determining whether the family can be accepted for admission. Your prompt response is appreciated. If you have any questions, please call me at 1.800.794.4072 or 906.495.1450

Homeownership Specialist

Applicant(s)

Please fill out the upper portion of this form with your current or former Landlord's contact information. Please ensure it is accurate and complete. You will also need to fill out the portion to the right with your information. Please send this form back with your application! Sault Tribe Housing will obtain the reference.

Print Name of Applicant(s)

Signature of Applicant(s)

Address of Rental Unit

I hereby authorize the release of the information above.

Current Landlord Previous Landlord **Is this a subsidized unit?** Yes No (please answer)

Date of applicant's tenancy: From: _____ To: _____ Number of bedrooms: _____

Payment History

Monthly rent amount? _____ Is (was) the applicant current on rent? _____

Have you ever begun eviction proceedings for non-payment? _____

Does the applicant still owe money? _____ How Much? _____

Caring for the Unit

Does (did) the applicant keep the unit clean? _____

Has the applicant damaged the unit? _____

If yes, please describe: _____

Will (did) you keep any of the Security Deposit? _____

General

Are you aware of any problems such as alcohol abuse and/or domestic violence? _____

Please Describe: _____

Does the applicant interfere with the rights and quiet enjoyment of other residents? _____

Please Describe: _____

Would you rent to this family again? _____ If not, why? _____

What was the family's reason for moving? _____

Are you related to this family? _____ If yes, what is the relationship? _____

Did this family rent from you or did they stay with you? _____

What previous address did the applicant give when they applied for housing?

What forwarding address did the applicant give when they moved?

Additional comments or concerns:

Landlord Signature

Phone Number

Date

Sault Ste. Marie Tribe of Chippewa Indians

Housing Authority
154 Parkside
Kincheloe, MI 49788
FAX (906)495-1456



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What forwarding address did the applicant give when they moved?

Additional comments or concerns:

Landlord Signature

Phone Number

Date



Statement for not Providing Landlord References

I am unable to provide two (2) Landlord references from my previous Landlords because:

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under State and Federal Law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for the application being rejected, termination of housing assistance and/or termination of tenancy.

PRINT NAME of Applicant

Date

Signature of Applicant

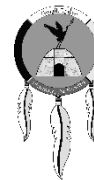
PRINT NAME of Co-Applicant

Date

Signature of Co-applicant

Sault Tribe Housing Authority

Personal Reference Questionnaire



Dear Sir/Madam,

_____ has/have applied for housing with the Sault Tribe Housing Authority. Please complete the following questions to the best of your ability. This information will be used to help determine the families' eligibility for housing program.

- 1 How long, and in what capacity have you known the applicant(s)? _____

- 2 Are you related to the applicant(s)? If yes, what is your relationship? _____

- 3 How would you rate the applicant(s) housekeeping skills? Excellent, Good, Fair or Poor. Please explain. _____

- 4 Are you aware of any problems affecting the applicant(s) such as substance abuse, violence (including domestic), neighborhood disturbances, etc.? Please explain. _____

- 5 Please give an overall character description on the above applicant(s) and why you believe they should be considered for housing. _____

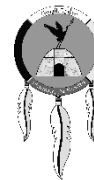
- 6 Please add any additional comments or concerns. _____

Please print your name: _____
Address: _____
Phone Number: _____
Today's Date: _____

Please return to:
Homeownership Specialist
Sault Tribe Housing Authority
154 Parkside Drive
Kincheloe, MI 49788
Phone: 906-495-1450 Toll Free: 1-800-794-4072 Fax: 906-495-1456

Sault Tribe Housing Authority

Personal Reference Questionnaire



Dear Sir/Madam,

_____ has/have applied for housing with the Sault Tribe Housing Authority. Please complete the following questions to the best of your ability. This information will be used to help determine the families' eligibility for housing program.

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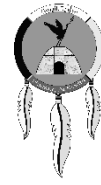
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- 6 Please add any additional comments or concerns. _____

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Phone Number: _____
Today's Date: _____

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