

CHECKLIST OF REQUIRED DOCUMENTS

- _____ 1. Housing Application
- _____ 2. Authorization for Release of Information
- _____ 3. Map to Property
- _____ 4. Income Verification Statement
- _____ 5. Land Ownership (Home Site Lease)
- _____ 6. Copy of Navajo Nation Voter Registration Card
- _____ 7. Copy of Social Security Card for Each Household Member
- _____ 8. Copy of Applicants' Certificate of Indian Blood
- _____ 9. Referrals from Physician, Social Worker, Community Health Representative, or other Entity (If applicable)
- _____ 10. Three (3) Quotes get a list of what you need on a piece of paper and go around to the three place to get quotes.

If your paperwork is complete, go to the Planning Meeting to put yourself on the Agenda and also attend the Chapter Meeting for Approval. You have to attend these two meetings or send a representative.

**HOUSING APPLICATION FOR
HOUSING DISCRETIONARY FUNDING**

NAME: _____ SSN: _____

Census#: _____ Spouse Name: _____

Permanent Address: _____

Phone No. _____ Date of Birth: _____

Chapter: _____ Agency: _____ Male Female

Name of any relations you have who are employed by the Chapter or serve as Elected Officials:

Names of persons living in the household on a permanent base:

Income information of all persons over 18 years of age living in the household beginning with the applicant's income attach W-2 forms, Wage Stubs, Social Security Stubs, Retirement Stubs, Unemployment Stubs, etc.

TOTAL INCOME: _____

Location of house to be repaired, including directions to the house: (use a separate sheet of paper)

Is Electricity Available? Yes [] No []

Sewer System: Main Sewer [] Septic System [] Chemical Toilet [] Outhouse []

Flush Toilet? Yes [] No [] Bathtub or Shower Yes [] No []

Water System: NTUA Water [] Private Well [] Community Water [] Other []

Name of sewer, water and utility company: _____

Do you have homesite lease on which you wish to renovate: Yes [] No []

Name of owner is: _____

The land is currently: Tribal Trust [] Other [] _____

The land is possessed pursuant to a: Leasehold interest [] Use Permit []
[] Indefinite assignment or joint ownership as described: _____

Have you or anyone in your household received Housing Discretionary Funds before? No [] Yes [], name of recipient _____ in year _____ for construction or improvements at _____ Chapter.

Has the house for which you are asking for repair was it ever been repaired and funded by Housing Discretionary funds? No [] Yes [] Name of person: _____ Received Housing Assistance in _____ (year) in the amount of _____ (dollars)

Do you own any other house? No [] Yes []. The house is located at: _____ occupied by _____

Have you applied for assistance from an Indian Housing Authority, Tribal Credit Program, or Private Lending Institution? No [] Yes []

I applied on _____ (date) and will attach proof of denial from these sources to this application.

Does any member of your permanent household have a severe health problem, handicap, or permanent disability? No [] Yes []

_____ (name) has _____ (brief description) and I will attach proof to this application describing the conditions.

I CERTIFY THAT ALL THE ANSWERS GIVEN ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEFE, AND ARE MADE IN GOOD FAITH.

Date

Signature of applicant

Date

Signature of spouse (if applicable)

INCOME VERIFICATION STATEMENT

APPLICANT: _____

DATE: _____

Applicant Social Security Number: _____

The Birdsprings Chapter is requesting your assistance to verify income information for individual(s) applying for Housing Discretionary Funds. To assist our Chapter and housing applicant, we are asking you to provide us with income information as requested at the bottom of this page. Be assured that the information supplied by you will be kept confidential and be used only in determining the eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Sincerely,

Eileen Hardy
Community Service Coordinator
Birdsprings Chapter

TO BE COMPLETED BY APPLICANT'S EMPLOYER OR ASSISTING SOCIAL SERVICE AGENCY

Employer/Agency Name: _____

Name of person filling out this form: _____

Title of the person filling out this form: _____

Applicant's Occupation: _____

Employed since: _____

Salary: _____ Base per rate: _____

Effective date of base pay rate: _____

Average number of hours worked per week: _____

Total monthly income/assistance: _____

Type of assistance: _____

Signature of person filling out this form: _____

Date: _____