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.
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 BELIEF, 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: ____________________________