

DENNEHOTSO CHAPTER

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HOUSING DISCRETIONARY CHECK LIST FOR REQUIRD DOCUMENTS:

Name: _____ Date: _____

Housing Discretionary Check List

- Housing Application (3 pages)
- Income Verification Statement
- Authorization for Release of Information
- Map to Residency
- Home Site Lease or NTUA Statement
- Copy of Applicant(s) Certificate of Indian Blood
- Copy of Applicant(s) Social Security Card
- Navajo Nation Voter's Registration (Blue Copy)
- Referrals from Physician, Social Worker, CHR & etc. (If applicable)

FOR OFFICE USE ONLY:

Electric Line House Wiring Bathroom Addition Weatherization

Attachments:

- Fund Approval Form
- Chapter Meeting Minutes
- Chapter Resolution
- Purchase Requisition
- Housing Discretionary Assessment
- Quotations (3 vendors)

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HOUSING APPLICATION FOR HOUSING DISCRETIONARY FUNDING

NAME: _____ SOCIAL SECURITY#: _____
CENSUS: _____ SPOUSE'S NAME: _____
ADDRESS: _____
TELEPHONE: _____ DATE OF BIRTH: _____
CHAPTER: _____ AGENCY: _____
MALE () FEMALE ()

NAME OF ANY RELATIVES YOU HAVE WHO ARE EMPLOYED BY THE CHAPTER OR SERVE AS ELECTED OFFICIALS:

NAMES OF PERSONS LIVING IN THE HOUSEHOLD ON A PERMANENT BASIS:

1. _____ SS# _____ DOB: _____
2. _____ SS# _____ DOB: _____
3. _____ SS# _____ DOB: _____
4. _____ SS# _____ DOB: _____
5. _____ SS# _____ DOB: _____

INCOME INFORMATION OF ALL PERSONS OVER 16 YEARS OF AGE LIVING IN THE HOUSEHOLD BEGINNING WITH THE APPLICANT'S INCOME:

1. _____ SOURCE OF INCOME: _____ MONTHLY \$ _____
2. _____ SOURCE OF INCOME: _____ MONTHLY \$ _____
3. _____ SOURCE OF INCOME: _____ MONTHLY \$ _____
TOTAL ANNUAL INCOME: \$ _____

LOCATION OF HOME TO BE REPAIRED, CONSTRUCTED, INCLUDING DIRECTION TO THE HOUSE:

IS ELECTRICITY AVAILABLE? () NO () YES

SEWER SYSTEM: () CITY SEWER () SEPTIC SYSTEM () CHEMICAL TOILET () OUTHOUSE

FLUSH TOILET: () YES () NO BATHROOM OR SHOWER () YES () NO

WATER SYSTEM: () CITY WATER () PRIVATE WELL () COMMUNITY TANK () OTHER

WHAT DO YOU NEED DONE ON THE HOUSE, HOGAN OR TRAILER? (Please be specific)

LIST MATERIALS NEEDED FOR THE HOUSING ASSISTANCE? (SIZE AND HOW MANY)

NUMBER OF BEDROOMS:_____

SIZE OF THE HOUSE (IN FEET)_____

DO YOU OWN THE LAND ON WHICH YOU WISH TO RENOVATE OR BUILD? () YES () NO

THE NAME OF THE OWNER:_____

THE LAND IS CURRENTLY: () INDIVIDUAL TRUST () TRIBAL TRUST

() INDIVIDUALLY RESTRICTED () TRIBAL RESTRICTED () TRIBAL FEE SIMPLE

() FEE PATENTED () OTHER:_____

THE LAND IS POSSESSED PURSUANT TO A: () LEASEHOLD INTRESET () USE PERMIT

() INDEFINITE ASSIGNMENT OR JOINT OWNERSHIP AS

DESCRIBE:_____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED HOUSING DISCRETIONARY FUNDS

BEFORE?: () YES () NO -IF SO, SAME PERSON RECEIVED ASSISTANCE:_____

WHAT YEAR? _____ AMOUNT \$:_____

HAS THE HOUSE FOR WHICH YOU ARE ASKING FOR, EVER HAD CONSTRUCTION OR REPAIRS

FUNDED BY HOUSING DISCRETIONARY FUNDS? () YES () NO

IF SO, WHO? _____ WHEN? _____

**DO YOU OWN ANY OTHER HOUSE? NO YES- IF YES, THE HOUSE IS LOCATED AT: _____
AND OCCUPIED BY: _____**

**DOES ANY MEMBER OF YOUR PERMENANT HOUSEHOLD HAVE A SEVERE HEALTH PROBLEM,
HANDICAP, OR PERMANENT DISABILITY? NO YES**

DO YOU HAVE A REFERRAL FROM DOCTOR, CHR, WIC, ETC....? NO YES

**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)

APPLICANT: _____ DATE: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____ - _____ - _____

The Dennehotso Chapter is requesting for your assistance to verify income information for the above-named applicant who is applying for Housing Discretionary Funds. To assist our Chapter and the 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 extend of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Sincerely,

Chapter Manager
Dennehotso Chapter

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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 PAY 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: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ HEREBY AUTHORIZE THE
DENNEHOTSO CHAPTER TO VERIFY THE INFORMATION
GIVEN IN MY HOUSING APPLICATION, FURTHER, I
HEREBY RELEASE ALL PERSONS AND ORGANIZATIONS
FROM LIABILITY IN CONNECTION WITH MY HOUSING
APPLICATION.

SIGNATURE: _____ **DATE:** _____
Applicant

_____ **DATE:** _____
Co-Applicant

DENNEHOTSO CHAPTER
DRAW A MAP TO RESIDENCY