

DENNEHOTSO CHAPTER

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HOUSING DISCRETIONARY CHECK LIST FOR REQUIRED 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 SYSYTEM (☐) 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 INTEREST ☐ 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