

## CHILCHIBETO CHAPTER

### APPLICATION FOR HOUSING DISCRETIONARY ASSISTANCE

All applications for Housing Discretionary Funding Assistance are reviewed and evaluated by the Chilchibeto Chapter Administration, therefore it is to your advantage to provide all of the information requested and attach copies of any applicable documents requested. If a question does not apply, indicate by "NOT APPLICABLE" OR "N/A" to indicate that you have read the questions.

If your application is approved for funding and it is learned that the funds have been used for the benefit of another person not named on the application or for a different house other than the house for which assistance is requested, reimbursement will be requested and any future request for financial assistance through the Chilchibeto Chapter will be denied.

#### Required Documents:

- Application for Housing Discretionary Assistance (signed and dated)
- Authorization for Disclosure of Information for Head of Household and Co- Applicant. (signed and dated)
- Authorization to Enter Premise (signed and notarized)
- Map to property (detailed)
- Material Listing for home repairs or Rehabilitation
- Agreement for Labor work (statement and signature of individual doing labor)
- Attachments:
  - Income Verification (most recent award letter, income statement, pay stub)
  - Copy of Evidence of Land Ownership, i.e.: homesite lease, residential lease, home ownership (NHA, etc.)
  - Copies of: Social Security cards, photo ID cards, Certificate of Indian blood for all household members.
  - The housing material quotations for competitive bidding
  - *If applicable*: Statement from Medical Practitioner, Social Worker, Community Health Representative or other Social Service Agency.
  - *If applicable*: Military Discharge/Separation Document-DD214/DD215 and VA disability statement

Applicant is required to submit a complete application with all needed attachments. Chilchibeto Chapter Administration staff will not review the application, if it is incomplete and/or is lacking required documents.

**If you need assistance in completing the application or have any questions, contact the Chilchibeto Chapter Administration at: (928) 697-5680.**



# Chilchinbeto Chapter Housing Discretionary Application

Applicant Information						
Name:						
Date of birth:		SSN:		Census Number:		
Current address:						
City:		State:		ZIP Code:		
Phone Number:		Monthly payment or rent:			How long?	
Previous address:						
City:		State:		ZIP Code:		
Owned   Rented   (Please circle)		Monthly payment or rent:			How long?	
Co-Applicant Information						
Name:						
Date of birth:		SSN:		Census Number:		
Current address:						
City:		State:		Zip Code:		
Phone Number:		Own   Rent   (Please circle)		How Long?		
Previous address:						
City:		State:		Zip Code:		
Are you a registered voter						
Are you related to anyone employed at Chilchinbeto Chapter?						
Name of person/relationship:						
Name of person/relationship:						
Name of person/relationship:						
Name of persons living in the household as a permanent basis.						
Name:						
Name:						
Name:						
Name:						
Name:						
Name:						
Name:						
Name:						
Income information of all persons over age 16 (attach w-2 forms, pay stubs, benefit letter)						
Name	Age	Sex	SS No.	Relationship to HH	Gross Monthly Income	Source of income
TOTAL ANNUAL INCOME						
Location of house to be repaired, constructed, or purchased. Including directions to house						
Name:						

**Is Electricity available?**

YES      NO      Name of Utility Company:

**Sewer system:**

Community Lagoon     Septic System     Out house

Flush Toilet  YES  NO      Bathtub or Shower  YES  NO

**Water System:**

Community Water Tank     Private Well     other:

**House Description:**

Number of bedrooms:      Size of house (in feet):

Do you own the land on which you wish to renovate or build?  YES  NO Name of Owner:

Land is currently:  Individually restricted     Tribal Restricted     Individual Trust     Tribal Trust

Tribal Fee Simple     Fee Patented     Other

Land is possessed pursuant to a:  Leasehold     Use Permit     Indefinite assignment or joint ownership

**Have you or anyone in the household received Housing Discretionary Funds before?**

YES     NO    If yes, when:

Name of person, who received assistance:

Location of construction or improvement

**Has the house for which you are asking for construction or repair ever been constructed or repaired funded by Housing Discretionary Funds?**

YES     NO    If yes, when      Amount of funding

Name of person who received assistance

**Do you own any other house?**

YES     NO    If yes, location of home:      Name of occupant:

**Have you applied for assistance from an Indian Housing Authority, Tribal Credit Program, or Private Lending Institution:**

YES     NO    If yes, when?      Attach denial from these sources to this application

**Does anyone in the household have a severe health problem, handicap, or permanently disabled?**

YES  NO If yes, provide information below.

Name:      Condition(provide proof):

Name:      Condition(provide proof):

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. I have attached all needed documents.

Signature of applicant:      Date:

Signature of co-applicant:      Date:

**Chilchinbeto Chapter  
Housing Discretionary Assistance**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ hereby authorize the Chilchinbeto Chapter to verify the information given in my Housing Application. Further, I hereby release all persons and organizations from liability for providing legally relevant information in connection with my housing application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date:

Chilchinbeto Chapter  
Housing Discretionary Assistance

FY 20 \_\_\_\_\_

Project Location Map

NORTH



DIRECTION TO HOUSE: \_\_\_\_\_

DESCRIPTION OF HOUSE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

APPLICATION No.: \_\_\_\_\_

**Chilchinbeto Chapter  
Housing Discretionary Assistance**

**AUTHORIZATION FOR DISCLOSURE OF INFORMATION**

We/I, \_\_\_\_\_, hereby authorize THE NAVAJO NATION, CHILCHINBETO CHAPTER, to obtain any and all information from any and all sources and includes, but is not limited to information on household income, employment, public assistance, public housing tenancy, disability information, interest or ownership of home, and interest or ownership of land.

We/I understand and acknowledge that this information will be used specifically for determining our/my eligibility and extent of housing discretionary assistance through the Navajo Nation, Chilchinbeto. We/I do hereby release from any and all liability and hold harmless all persons or entities disclosing information pursuant to this Authorization for Disclosure of Information.

We/I further agree that a xerographic or photocopy of this Authorization for Disclosure of Information shall be valid and binding even though the original document containing my original signature is not presented or produced and shall be considered in lieu thereof.

**Pursuant to Title 2, NNC 81, et. seq, this Authorization for Disclosure of Information must be notarized; therefore, this Authorization for Disclosure of Information must be signed in the presence of a Notary Public.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\*\*\*\*\*NOTARY PUBLIC USE\*\*\*\*\*

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Notary Public: \_\_\_\_\_

My commission Expires: \_\_\_\_\_

(SEAL)

**Chilchinbeto Chapter  
Housing Discretionary Assistance**

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\*\*\*\*\*NOTARY PUBLIC USE\*\*\*\*\*

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Notary Public: \_\_\_\_\_

My commission Expires: \_\_\_\_\_

(SEAL)



**Chilchinbeto Chapter  
Housing Discretionary Assistance**

**AUTHORIZATION TO ENTER PREMISES**

We/I, \_\_\_\_\_, hereby authorize and grant permission to THE NAVAJO NATION, CHILCHINBETO CHAPTER, ITS EMPLOYEES, AND ITS REPRESENTATIVE to enter in, upon, and around the premise, described as \_\_\_\_\_

and located at \_\_\_\_\_  
for the purpose of obtaining, documenting, and v verifying any and all information concerning the house, building, or structure for which assistance is being requested through the Chilchinbeto Chapter Housing Discretionary Assistance fund.

We/I understand and acknowledge that the sit visit/inspection is necessary to determine the scope of work to be done and, if our/my request for assistance is approved, to conduct and inventory of the material and supply, to inspect the work completed, and to finalize a project close-out report. We/I do hereby release from any and all liability and hold harmless all persons or entities exercising any and all lawful action, conduct and privilege pursuant to this Authorization to Enter Premises.

We/I Further understand that the primary homeowner must be present during the site visit/inspection and only two attempts will be made for the site visit/inspection; otherwise, my/our Application for Housing Discretionary Assistance will not be considered.

We/I agree that a xerographic or photocopy of the Authorization to Enter Premise shall be valid and binding even though the original document containing my original signature is not presented or produced and shall be considered in lieu thereof.

**\*\*\*\*\*THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC\*\*\*\*\***

Primary Homeowner: \_\_\_\_\_

Date: \_\_\_\_\_

Secondary Homeowner: \_\_\_\_\_

Date: \_\_\_\_\_

Application No.: \_\_\_\_\_

**\*\*\*\*\* NOTARY PUBLIC\*\*\*\*\***

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(SEAL)

**Chilchinbeto Chapter  
Housing Discretionary Assistance**

**INCOME VERIFICATION STATEMENT**

Applicant: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

The Chilchinbeto Chapter is requesting 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 your agency will be kept confidential and will only be used to determine the eligibility and extent for funding for the applicant. Your cooperation and immediate return of the completed form to our office appreciated.

Sincerely,

\_\_\_\_\_  
Evelyna Cleveland-Gray  
Chapter Manager-Chilchinbeto Chapter

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

Name of Employer/Agency: \_\_\_\_\_

Name & Title of Person Completing form: \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_

Employment Duration: Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Work Hours per week: \_\_\_\_\_ Salary: \_\_\_\_\_ Base Pay Rate: \_\_\_\_\_

Type of Unemployment Income: \_\_\_\_\_ Amount: \_\_\_\_\_

When Income is received: Weekly    Bi-Weekly    Monthly

Signature of Person Completing the form: \_\_\_\_\_

Date: \_\_\_\_\_

## Chilchimbeto Chapter Housing Discretionary Assistance

### MATERIAL LISTING

List the material description and quantity of supply necessary to complete the work proposed on your application. Monetary Assistance Based on the amount you are approved, you may be requested to reduce the quantity or delete items. Please print legibly and adequately describe each item.

QUANTITY	DESCRIPTION OF ITEM	(CHAPTER USE) REDUCE/DELETE
USE THE MATERIAL LIST TO OBTAIN YOUR QUOTES		

Does the Primary Applicant have the proper transportation to transport the material or supplies?  
 Yes /  No; If No, how does the Applicant propose to have the material or supply delivered?

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**Chilchinbeto Chapter  
Housing Discretionary Assistance**

**AGREEMENT FOR LABOR WORK**

Upon approval of my Application for Housing Discretionary Assistance, the following individual(s) will assist me with the labor, construction, renovation or service(s):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

The above mentioned individual(s) have committed and agreed to perform work necessary as described:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We understand that any required work must be completed within four (4) months after the material and supply are delivered. The Chilchinbeto Chapter makes no commitment as to any workforce or labor necessary to perform or complete any work required as a part of our/my Application for Housing Discretionary Assistance.

Work is projected to be completed by: \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_