

CHECKLIST OF REQUIRED DOCUMENTS

- 1. _____ **HOUSING APPLICATION (COMPLETED TO BE ACCEPTED)**
 - a. **INCOME VERIFICATION STATEMENT (Copies of Income Statements, Check stubs, etc.)**
 - b. **AUTHORIZATION FOR RELEASE OF INFORMATION- Form 4**
 - c. **MAP TO PROPERTY – Form 9**

- 2. _____ **CHAPTER VOTERS REGISTRATION CARD (a copy)**

- 3. _____ **EVIDENCE OF LAND OWNERSHIP (Homesite lease or Utility Bill with your name)**

- 4. _____ **COPY OF SOCIAL SECURITY CARD FOR EACH HOUSEHOLD MEMBER**

- 5. _____ **COPY OF APPLICANTS CERTIFICATE OF INDIAN BLOOD FOR EACH HOUSEHOLD MEMBER**

- 6. _____ **3 QUOTES FROM LUMBER STORE FOR ITEMS NEEDED**

- 7. _____ **HOUSING MATERIAL LIST**

- 8. _____ **STATEMENT FROM HEAD OF HOUSEHOLD MEMBER FOR ITEMS NEEDED**

- 9. _____ **REFERRALS FROM PHYSICIANS, SOCIAL WORKER, COMMUNITY HEALTH REPRESENTATIVE OR OTHER ENTITY (IF APPLICABLE)**

DOCUMENTS VERIFIED BY: _____ **DATE:** _____

APPLICANTS NAME: _____ **DATE:** _____

VETERAN: YES [] NO []

TSÉ ÁĽ NÁOZT'Í Chapter
Housing Discretionary Funds
HOME APPLICATION

RUNNING LEDGER

APPLICANT'S NAME: _____ CHAPTER: _____

CHAPTER OFFICIAL'S NAME: _____ TELEPHONE: _____

Date of Application:

CALLED OR PERSON CONTACTED AND TITLE	DATE	TIME	PURPOSE

**TSÉ ÁŁ NÁOZT'Í CHAPTER HOUSING ASSISTANCE PROGRAM
POST OFFICE BOX 219
SANOSTEE, NEW MEXICO 87461**

**PERMISSION TO ENTER PREMISES
TO THE BUILDING OWNER**

Your building is being considered for renovation under the Tsé áł náozt'í Chapter Housing Assistance Program. This program is funded by the Navajo Nation, under Housing Discretionary Funds and administered by the Tsé áł náozt'í Chapter.

PERMISSION TO ENTER PREMISES

As owner authorized agent for the building located at, _____ have read and understand the above and hereby grant permission for representative of Tsé áł náozt'í Chapter to enter this premises when I am present for the purposes of collecting eligibility documentation from the residents and conducting a work plan which may include an assessment for housing renovation.

NAME: _____
Client

DATE: _____

NAME: _____
Chapter Manager

DATE: _____

**TSÉ ÁŁ NÁOZT'Í CHAPTER HOUSING ASSISTANCE PROGRAM
POST OFFICE BOX 219
SANOSTEE, NEW MEXICO 87461**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Navajo Nation through the Tsé áł náozt'í Chapter Housing Assistance Program to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household income. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Tsé áł náozt'í Chapter or other housing project sources.

SIGNATURE: _____

Applicant

Co- Applicant

Date

TSÉ ÁŁ NÁOZT'Í CHAPTER
Housing Assistance Application

All questions in this application must be answered. Read instructions before completing this form. Read the certification carefully before you sign and date your application. Sign in Ink.

A. APPLICATION INFORMATION

1. NAME: _____
Last First Middle Maiden Name (If applicable)

2. CURRENT ADDRESS: _____
Tel. NO: _____

3. DATE OF BIRTH: _____ 4. SOC. SEC. NO: _____

5. NAVAJO NATION CENSUS NO: _____

6. MARITAL STATUS [] Married [] Single [] Widowed [] Other. If you checked "Other", please explain _____

7. SPOUSE'S NAME: _____
Last First Middle Maiden Name (If applicable)

8. DATE OF BIRTH: _____ 9. SOC. SEC. NO: _____

10. NAVAJO NATION CENSUS NO: _____

B. FAMILY INFORMATION

List all other persons living in household on a permanent basis starting with the eldest:

Name	Date of Birth	Relationship To Applicant	Navajo Nation Census No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you need more space, use a blank sheet of paper.

INCOME INFORMATION

1. Earned income: Start with applicant, then list all permanent family members 18 years old and Above, who are listed under Part B and have earned income. Provide W-2 forms, wage stubs etc. for verification.

NAME:	ANNUAL:	SOURCE:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		\$ _____

TOTAL ANNUAL EARNED INCOME

Unearned income. Start with applicant, then list all permanent members 18 years and above, who are listed under Part B and have unearned income such as social, retirement, disability, and unemployment benefits, child support, and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, Individual Indian Money (IIM) ledgers, etc. for verification.

NAME:	ANNUAL:	SOURCE:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		\$ _____

TOAL ANNUAL EARNED INCOME
TOTAL COMBINED ANNUAL HOUSEHOLD INCOME
(Earned Income + Unearned Income) \$ _____

D. HOUSING INFORMATION

- 1. Location of the house to be repaired, constructed, or purchased. (Give accurate directions to this house.) _____
- 2. Is electricity available? Yes/No Name of Utility Company _____
- 3. Sewer System: Community Sewer [] Septic Tank [] Chemical Toilet [] Outhouse []
Name of Utility Company: _____
- 4. Water Source: NTUA [] Private well [] Community Tank [] Other []
Name of Utility Company: _____
- 5. Number of Bedrooms: _____ Size of house: _____ ft. x _____ ft
- 6. Bathroom Facilities: Flush Toilet – Yes/No Tub – Yes/No Lavatory – Yes/No

E. LAND INFORMATION

- 1. Do you own the land on which you wish to renovate or build this home? Yes/No If no, Provide name of owner or owners. _____
- 2. What status is land currently listed in? Individual Trust [] Individually Restricted [] Tribal Restricted [] Tribal Free Simple [] Free Patented [] Other
Please describe: _____
- 3. If you do not own the land, do you have: Leasehold interest? [] Use Permit? [] Indefinite assignment or joint ownership? [] If so, please explain.

F. GENERAL INFORMATION

- 1. Have you or anyone in your household received Navajo housing Assistance before? **Yes/No** If yes, give amount received, year and location where money was used.

- 2. To your knowledge, has the house which you are asking assistance for repair ever been Provided Navajo Housing Assistance before? **Yes/No** If yes, state where the house is Located and by whom it is occupied.

- 3. Do you own any other house not occupied by your family? **Yes/No** If yes, state where the house is located and by whom it is occupied. _____
- 4. If you are requesting assistance for a new housing unit, have you applied assistance from an Indian Housing Authority, a Navajo Credit Program or a private lending institution? **Yes/No** If yes, provide date of application, written proof of denial from these sources or any other source not listed.

- 5. Does anyone in your family who is a permanent resident listed under Parts A and B of this application have a severe health problem, handicap, or permanent disability? **Yes/No** If yes, provide name and brief description of such with certified documentation. _____

G. APPLICANT CERTIFICATION

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

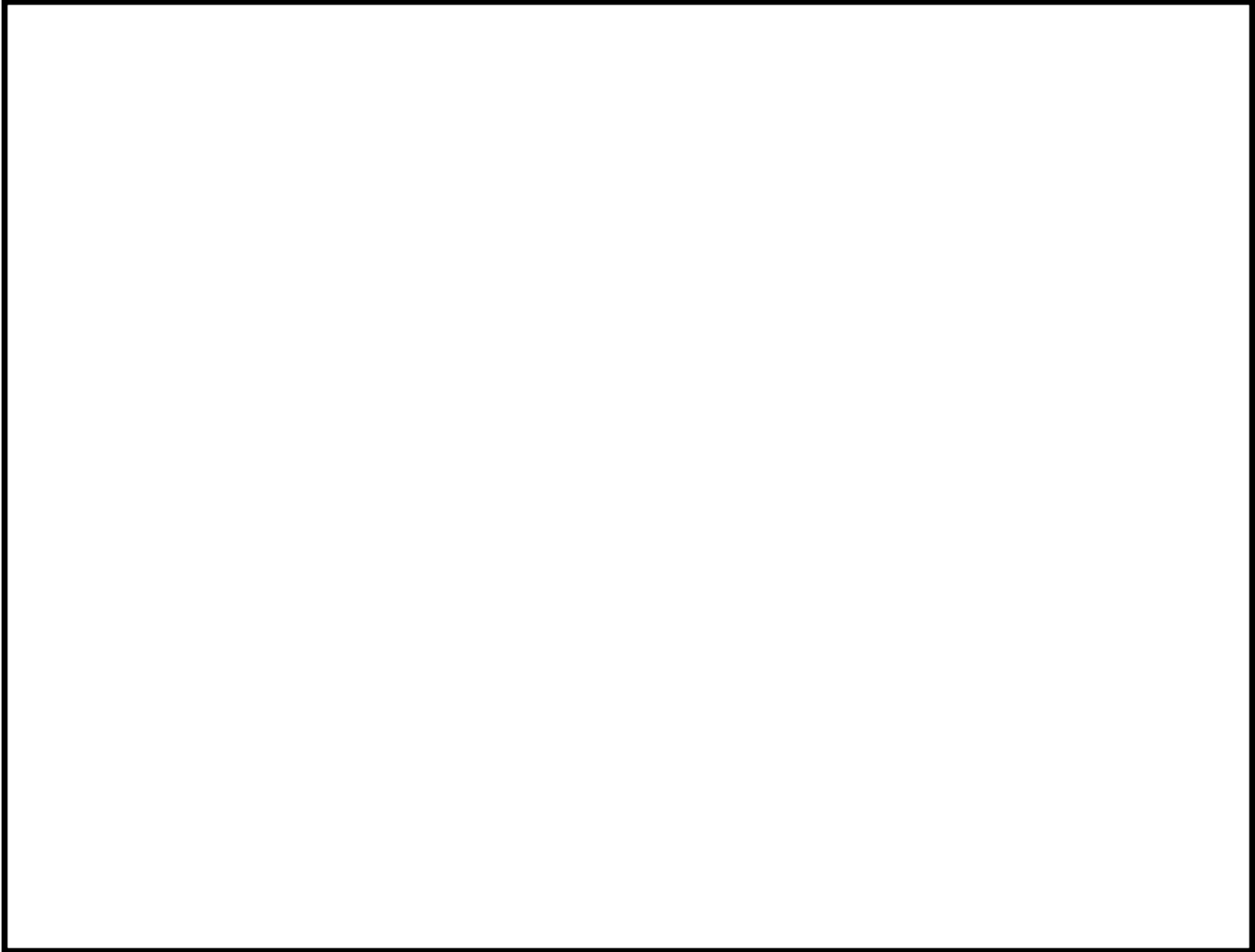
Applicant's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

This information is being collected to select eligible families/individuals to participate in the Tsé áł náozt'í Chapter Housing assistance program. This information will be used to determine the eligibility of the applicants. Response to this request is required to obtain a benefit.

**SANOSTEE CHAPTER
Housing Discretionary Fund Assistance**

**MAP TO PROPERTY
Project Site Locations**



APPLICANT'S NAME: _____ **DATE:** _____

CHAPTER: _____ **AGENCY:** _____

TSÉ ÁŁ NÁOZT'Í Chapter

Housing Discretionary fund Assistance Program

Point System Sheet

Applicants Name: _____

Chapter: _____

Household Size:	6 or more persons	15 points _____
	3 to 5 persons	12 points _____
	1 or 2 persons	9 points _____
Household Income:	0% to 19% of maximum	15 points _____
	19.1% to 39% of maximum	12 points _____
	39.1% to 59% of maximum	9 points _____
	59.1% to 79% of maximum	6 points _____
	79.1% to 100% of maximum	3 points _____
	More than 100% of maximum	0 points _____
Fuel Type:	Electric	11 points _____
	Fuel Oil	10 points _____
	Kerosene	9 points _____
	LPG, Propane, Wood, Coal or Natural Gas	8 points _____
Vulnerability:	One or more than 60 years of age and handicapped	21 points _____
	More than 60 years of age	12 points _____
	Handicapped less than 59 years of age	12 points _____
Unit Condition:*	In Severe need of winterization	15 points _____
	In moderate need of winterization	10 points _____
	In mild need of winterization	5 points _____
		TOTAL _____

Unit condition is required to determine.

SIGNATURE: _____

Chapter Manager

DATE: _____

2010 POVERTY INCOME GUIDELINES
CONTIGUOUS U.S. GRANTEES
EFFECTIVE AUGUST 16, 2010

<u>SIZE OF FAMILY UNIT</u>	<u>THRESHOLD</u>	<u>INCOME LEVELS 200%</u>
1.....	\$ 10,830	\$ 21,660
2.....	\$ 14,570	\$ 29,140
3.....	\$ 18,310	\$ 36,620
4.....	\$ 22,050	\$ 44,100
5.....	\$ 25,790	\$ 51,580
6.....	\$ 29,530	\$ 59,060
7.....	\$ 33,270	\$ 66,540
8.....	\$ 37,010	\$ 74,020
Each Additional Member Add	\$ 3,740	\$ 7,480