



Tsé Ał Náoztí'í Chapter Government

P.O. BOX 219 Sanostee, NM 87461

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Tsé Ał Náoztí'í Chapter Housing Discretionary FY 2024 Deadline: January 31, 2024 before 5 pm

Must submit application AND required documents ALL AT THE SAME TIME.

Incomplete packets will be returned until all documents are received.

Checklist of Required Documents

- ✚ Tsé Ał Náoztí'í Chapter Housing Application
(Part 1 and 2 completed) Received by: _____
- ✚ All household members income information Received by: _____
- ✚ Copy of Social Security cards for all household members Received by: _____
- ✚ Copy of CIB or Birth Certificate for household members Received by: _____
- ✚ Copy of Home Site Lease in applicant's name Received by: _____
- ✚ Any doctor's statements or referrals (if applicable) Received by: _____
- ✚ Copy of Navajo Nation voter registration: the applicant must be a registered voter of Tsé Ał Náoztí'í Chapter for one year or more. Received by: _____
- ✚ Any documents of applicant's ineligibility to secure financial assistance from other federally funded programs (if applicable) Received by: _____

Administration Use Only:

Applicant's Name: _____

Documents Received Date: _____

Comments:

Chapter Officials

Jeanne Haskie ~ President

Gerald Henderson ~ Vice-President

Jourdan Washburn ~ Secretary/Treasurer

Council Delegate

Amber K. Crotty

Grazing Official

Alonzo Cohoe

Tse' Ałnáoztí'i' Chapter

HOUSING DISCRETIONARY ASSISTANCE APPLICATION- Part 1 of 2

All questions in this application must be answered. Read the certification carefully before you sign and date your application.

Applicant's Name: _____	Telephone Number: _____
Census Number _____	Veteran: Yes or No _____
Date of Birth _____	Chapter Affiliation: _____
Applicant's Name: _____	Telephone Number: _____
Census Number _____	Veteran: Yes or No _____
Date of Birth _____	Chapter Affiliation: _____
Mailing Address: _____ City: _____ NM: _____ Zip Code: _____	

Land Information	
(Check off all that apply)	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Homesite Lease	
<input type="checkbox"/>	<input type="checkbox"/>
Rental Agreement	
<input type="checkbox"/>	<input type="checkbox"/>
Land Use Permit	
<input type="checkbox"/>	<input type="checkbox"/>
Grazing Permit	

Type of Residence	
(Check off all that apply)	
<input type="checkbox"/>	Number of Rooms
<input type="checkbox"/>	Owner Occupied
<input type="checkbox"/>	Rental Unit
<input type="checkbox"/>	Single Family
<input type="checkbox"/>	Mobile Home

Housing Information	
(Check off all that apply)	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Electricity	
<input type="checkbox"/>	<input type="checkbox"/>
Indoor Plumbing	
<input type="checkbox"/>	<input type="checkbox"/>
Water Available	
<input type="checkbox"/>	<input type="checkbox"/>
Wood/Coal/Propane Stove	
<input type="checkbox"/>	<input type="checkbox"/>
Furnace	

HOUSEHOLD/INCOME INFORMATION

Name of each household member including self	Age	Sex	Social Security No.	Relation to Head of household	Gross Monthly Income*	Source of Income

(*Attach W-2 copies, wage stubs, Social Security stubs, etc.)

<p>Does anyone in your family or yourself, who is a permanent resident of this household with a several health problem, handicap or permanent disability?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and brief description of such, include a doctor's statement.</p> <p>_____</p> <p>_____</p>
<p>Has you or anyone in your household received Navajo Housing Assistance before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide amount received, year and location where funds were used.</p> <p>_____</p>
<p>To your knowledge, has the house which you are asking assistance for repair ever been provided Navajo Housing Assistance or Tsé Ałnáoztí'i' Housing Discretionary fund assistance before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide amount received, year and location where funds were used.</p>

Explain in detail what kind of home repair or renovation that you would like to include in this request for housing discretionary fund assistance.

AGREEMENT AND CERTIFICATION

I, subscribe and affirm, under the penalties of law, that the statements made in this application for Housing Assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Prior to any construction, I agree to notify the Chapter of any changes in the information in this application. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given. I understand that this application for housing assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the applications received, the availability of funds and the priorities to be met by the Housing Discretionary Assistance Program.

Applicant's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

Revised: 2021

TO THE HOME OWNER/BUILDING OWNER

Your home is being considered for renovation under the Tse Alnaozti'i Chapter Housing Discretionary Assistance Program. This program is funded under the Navajo Nation, under the Housing Discretionary Funds and administred by the Tse Alnaozti'i 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 a representative of Tse Alnaozti'i Chapter to enter this premise. Only 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.

AUTHORIZATION FOR RELEASE OF INFORMATION

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

Applicant Name : _____

Co-Applicant Name : _____

Signature: _____

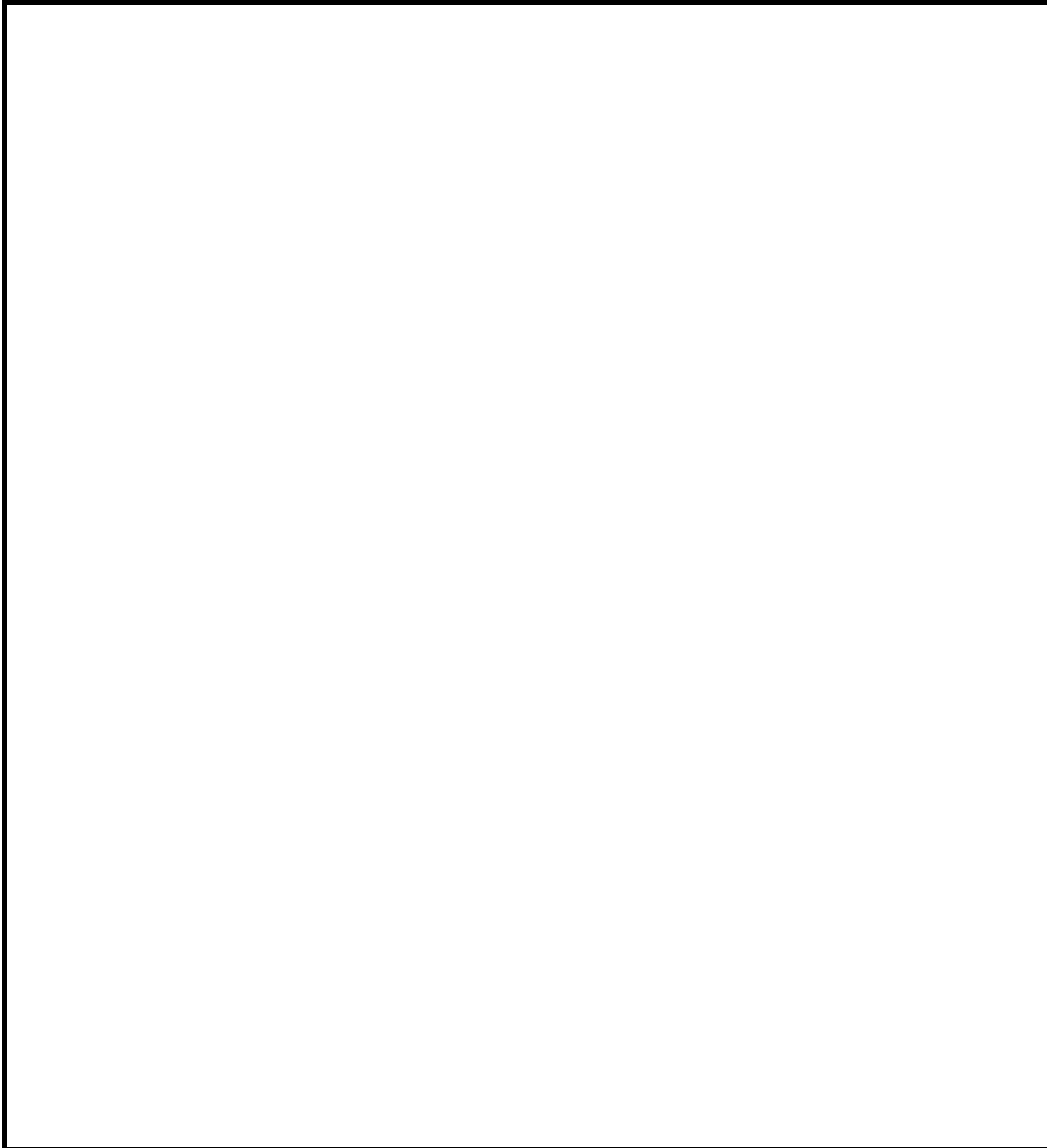
Chapter Representative Acknowledgement: _____

Revised: 2021

MAP TO PROPERTY

Property Site Location

Please provide an accurate map to the location of the home that will be renovated.



Revised: 2021