CHECK-LIST OF REQUIRED DOCUMENTS

1. _______ HOUSING APPLICATION: Filled out COMPLETELY and containing enrollment information, family size and composition.
   - Active Voter’s Registration Card – Copy can be obtained from SR Election Office.
   - Social Security Cards of ALL individuals living in the household.
   - Certificate of Indian Blood (CIB) of ALL individuals living in the household.

2. _______ INCOME VERIFICATION/STATEMENT: Copies of pay stubs or a letter of information containing income source/benefits with a telephone number to verify.

3. _______ EVIDENCE OF LAND OWNERSHIP: Copy of Home Site Lease or Certificate from Navajo Land Department

4. _______ RUNNING RECORD: Give a record of events, notes and/or general documentation of why you are asking for assistance.

5. _______ MATERIAL(S) LISTING: A list of items which you are seeking assistance for example, lumber, windows, doors, roofing material, etc.

6. _______ MAP TO PROPERTY: How to get to your residence from COVE CHAPTER with written directions, color of home, etc.

7. _______ PHOTOGRAPHS: Photos of your home where assistance will be used. (Ex. broken window, water damage on walls, roof tiles, etc.)

8. _______ REFERRALS: Attach any referrals, which you feel will help assist you in acquiring assistance, given by medical agencies, CHR, Senior Center, etc.

9. _______ PRICE QUOTES: Three (3) price quotes of itemizes materials listing from three (3) local businesses. Quotes must be current within the month you are seeking assistance.
I. APPLICANT INFORMATION

1. MARITAL STATUS: □ Single  □ Married  □ Widow  □ Separated

<table>
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<tr>
<th>Applicant</th>
<th>Census #</th>
<th>S.S.#</th>
<th>D.O.B.</th>
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2. MAILING ADDRESS:

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<th>Address</th>
<th>City</th>
<th>State</th>
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3. TELEPHONE NUMBER:

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<th>Home</th>
<th>Work/Cell</th>
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4. NUMBER OF MEMBERS WITHIN YOUR HOUSEHOLD:

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<th>Number</th>
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5. LIST ALL HOUSEHOLD MEMBERS (CURRENTLY LIVING WITH YOU i.e. Children, Relatives, etc. – DO NOT LIST YOURSELF OR YOUR SPOUSE, THAT INFORMATION IS REQUIRED ABOVE IN #1):

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relationship: (daughter/son)</th>
<th>Census#</th>
<th>D.O.B.</th>
<th>Source of Income:</th>
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TOTAL ANNUAL INCOME: $ ___________________
6. ARE YOU A VETERAN?  □ YES*  □ NO
*SERVICE FROM (YEARS): __________TO________

ARE YOU A WIDOW OF A NAVAJO VETERAN?  □ YES  □ NO
Please Submit a copy of your DD 214 Form, Certificate of Release or Discharge from Active Duty. If claiming as a widow, please provide a marriage certificate also.

7. ARE ANY MEMBERS OF IN YOUR HOUSEHOLD PHYSICALLY DISABLED?  □ YES*  □ NO
    *NATURE OF DISABILITY:
    *Submit a referral from CHR or primary physician

II. HOUSING INFORMATION

8. PRESENT HOME CONDITION:

| OWNER: | 
| YEAR BUILT: | 
| TYPE OF CONSTRUCTION: | WOOD FRAME | CONCRETE | HOGAN | OTHER |
| CONDITION: | EXCELLENT | GOOD | FAIR | POOR |
| HOUSE SIZE: | Length X Width | Height | Square Footage |
| NUMBER OF ROOMS: | Bed Rooms | Bathrooms |
| OWN OTHER HOMES: | YES | NO |
| LOCATION: | 

9. DO YOU HAVE A CERTIFICATE OF HOME SITE LEASE?

10. HAVE YOU APPLIED FOR HOUSING ASSISTANCE FROM ANY NAVAJO NATION DEPARTMENTS/PROGRAMS?  □ YES*  □ NO – ANY NAVAJO NATION DEPARTMENTS/PROGRAMS
    *PLEASE LIST: ________________________________

11. DID YOU OR ANY MEMBER OF YOUR HOUSEHOLD APPLY OR RECEIVE HOUSING DISCRETIONARY FUNDING BEFORE?  □ YES*  □ NO
    *APPlicants NAME: ________________________________
    DATE APPLIED: ________________________________
III. UTILITY INFORMATION

12. IS ELECTRICITY AVAILABLE: ☐ YES ☐ NO
   IF YES, NAME OF UTILITY COMPANY: _______________________________________
   IF NO, NAME OF NEAREST RESIDENT WITH UTILITY: ____________________________

13. SEWER SYSTEM:
    ☐ SEPTIC TANK ☐ CHEMICAL TOILET ☐ OUT-HOUSE

14. WATER SYSTEM:
    ☐ PRIVATE WELL ☐ COMMUNITY TANK ☐ OTHER
    NAME OF WATER COMPANY: ________________________________________________

IV. LAND INFORMATION:

15. LAND STATUS:
    ☐ TRIBAL TRUST ☐ TRIBAL RESTRICTED ☐ ALLOTMENT ☐ PUBLIC DOMAIN ☐ PRIVATE
    ☐ OTHER: ______________________

16. THE LAND IS POSSESSED PURSUANT TO A:
    ☐ LEASEHOLD INTEREST ☐ USE PERMIT

V. REQUEST FOR ASSISTANCE

17. TYPE OF ASSISTANCE REQUESTING:
    ☐ WEATHERIZATION
    ☐ WINDOWS
    ☐ DOORS
    ☐ INSULATION
    ☐ STOVE – (based upon availability of funds)
    ☐ MINOR HOME REPAIRS
       TYPE: ________________________________________________________________
    ☐ SELF-HELP FOR NEW HOME

18. LABOR TO BE UTILIZED:
    ☐ SELF ☐ FAMILY MEMBERS ☐ OTHER: ____________________________
VI. COMMENTS:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

I hereby certify that the information given is true, correct and given in good faith for the purpose of obtaining housing assistance from the Cove Chapter Housing Assistance Program.

I understand and acknowledge this information will be used in determining my eligibility and extent of housing assistance through the Cove Chapter Government. Any false information is subject for denial of housing assistance.

______________________________________________________________
SIGNATURE OF APPLICANT

______________________________ DATE

______________________________________________________________
SIGNATURE OF SPOUSE

______________________________ DATE
## COVE CHAPTER
### HOUSING DISCRETIONARY FUND ASSISTANCE
#### MATERIAL LISTING

## I. LIST ALL MATERIALS REQUESTING:

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<tr>
<th>ITEM DESCRIPTION</th>
<th>MEASUREMENTS</th>
<th>QUANTITY</th>
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## LIST 3 BUSINESSES/VENDORS FOR QUOTES:

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II. RUNNING RECORD:

Give a record of events, notes and/or general documentation of why you are asking for assistance.

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EXHIBIT C

COVE CHAPTER
HOUSING DISCRETIONARY FUND ASSISTANCE

AUTHORIZATION FOR RELEASE OF INFORMATION

I, ___________________________________ hereby authorize the Cove Chapter to verify the information given in this Housing Application. Further, I hereby release all persons and organizations from Liability for providing Legally-referent information in connection with my Housing Application.

Signature(s):

__________________________________  ________________________
Applicant                              Date

__________________________________  ________________________
Co-Applicant                           Date

Housing Discretionary Funds - Application | Page 8
The Cove Chapter is requesting your assistance to verify income information for family members applying for assistance under the Chapter Housing Assistance Program. To assist our office, we are asking your office to provide us with income information as requested at the below. Information provided will be confidential for use only in determining eligibility of the Chapter Housing Assistance. Your cooperation will be greatly appreciated.

Respectfully,

Chapter Administration Staff

---

**VERIFICATION OF INCOME**

DATE: ______________________________________
APPLICANT: ______________________________________
SOCIAL SECURITY #: __***-**-____________

TO BE COMPLETED AND SIGNED BY APPLICANT'S EMPLOYER OR ASSISTING AGENCY

1. Employed Since: ___________________________ Occupation: ______________________________________
2. Salary: __________________ Base Rate: __________________
   Date of Present Rate: ____________________________
   Average Hours per Week: __________________________
3. Total Monthly income or assistance: ____________________________
4. Type of Assistance: ____________________________
   Employer/Agency Name: ______________________________________
   Title: ____________________________ Date: ____________________________
**Draw a map to your home from Cove Chapter. Use the back of this page for written directions to your home.**