

HOUSING DISCRETIONARY FUND ASSISTANCE PROGRAM APPLICATION



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.

EXHIBIT B



COVE CHAPTER

HOUSING DISCRETIONARY FUND ASSISTANCE APPLICATION



I. APPLICANT INFORMATION

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

Applicant:	Census #:	S.S.#:	D.O.B.:
Spouse:			

2. MAILING ADDRESS:

Address:	City:	State:	Zip Code:

3. TELEPHONE NUMBER:

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

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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):

Full Name:	Relationship: (daughter/son)	Census#	D.O.B.	Source of Income:

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	
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 INTREST ☐ 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



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HOUSING DISCRETIONARY FUND ASSISTANCE
MATERIAL LISTING



I. LIST ALL MATERIALS REQUESTING:

ITEM DESCRIPTION:	MEASUREMENTS:	QUANTITY:

LIST 3 BUSINESSES/VENDORS FOR QUOTES:	QUOTE GIVEN:
1.	
2	
3	

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



COVE CHAPTER
HOUSING DISCRETIONARY FUND ASSISTANCE



VERIFICATION OF INCOME

DATE: _____
APPLICANT: _____
SOCIAL SECURITY #: ***-**-_____

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

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

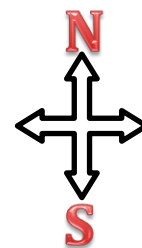
1. Employed Since: _____ Occupation: _____
 2. Salary _____ Base Rate: _____
Date of Present Rate: _____
Average Hours per Week: _____
 3. Total Monthly income or assistance: _____
 4. Type of Assistance: _____
- Employer/Agency Name: _____
- Title: _____ Date: _____



COVE CHAPTER

HOUSING DISCRETIONARY FUND ASSISTANCE

MAP TO PROPERTY (Project Site Location)



**Draw a map to your home from Cove Chapter. Use the back of this page for written directions to your home. **