

Klagetoh Chapter

Housing Discretionary Funds
ELIGIBILITY CRITERIA

Pursuant to TCDCMA-20-01, Housing Discretionary Funds Policies and Procedures, required documents for Housing Assistance Request.

Required Document Checklist

Name of Applicant:

Spouse:

Location to Property (Rural Addressing Number):

1. _____ Housing Application
2. _____ Income Verification Statement
3. _____ Authorization of Release Statement
4. _____ Evidence of Land Ownership (Home site Lease or Residential Lease)
5. _____ Map to Property
6. _____ Copy of Social Security Card for each household member
7. _____ Copy of applicant's certificate of Indian blood (CIB)
8. _____ Three (3) Price Quotations
9. _____ Referrals from Physician, Social Worker, Community Health Representative, or other Entity (If applicable)
TCDCMA-20-01, Section V. Project Application, (A)(1)
10. _____ A registered member of the chapter-(Voter Registration Card)

**Klagetoh Chapter
Housing Discretionary
Application**

SECTION I: APPLICANT INFORMATION

DATE: _____

A. **Name:**

(Last)	(First)	(MI)	(Maiden Name:)

B. **Currenet Address:**

(P.O. Box #)	(Location To Home:)	
<u>City</u>	State:	Zip Code:

C.

()	-	
(Telephone Number:)		

E.

Marital Status

(Single)	(Married)	(Widow)	(Other)

D.

(Date of Birth:)

-	-	
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G.

Census Number

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F.

(Social Security No.#)

Spouse Information:

H.

(Last)	(First)	(MI)

I.

Date of Birth:

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K.

Census Number

--

J.

Social Security No.

-	-	
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SECTION II: Family Information:

List all persons living in your household on a permanent basis. Start with the oldest and provide name, date of Birth, Relationship and Census Numbers.

Name:	Date of Birth	Relationship to Applicant	Census Number:

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

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Land Information: (continued)

C. The land is possessed pursuant to a:

- 1 Leasehold Interest: ☐
- 2 Use Permit: ☐
- 3 Indefinite assignment or joint ownership as described ☐

Specify: _____

SECTION V: General Information

A. Have you or anyone in your household received Housing Discretionary Funds before?

YES ☐ NO ☐

If yes, give amount received \$ _____; the year it was received: _____; and the location of construction or improvements: _____

B. Has the house for which you are asking for construction or repair funding ever had construction or repairs funded by Housing Discretionary Funds?

YES ☐ NO ☐

If yes, give amount received \$ _____; the year it was received: _____; and the location of construction or improvements: _____

C. Do you own any other house?

YES ☐ NO ☐

If yes, where is the location of the house: _____
and who is occupying the house: _____

D. If you are requesting assistance for a new housing unit, have you applied for assistance from the following:

- 1. Indian Housing Aut ☐ If yes, provide date of application: _____
- 2. Tribal Credit Progr ☐ If yes, provide date of application: _____
- 3. Private Lending Ins ☐ If yes, provide date of application: _____

(Provide proof of denial from these sources to this application).

E. Does anyone in your family, who is a permanent resident listed under Section I and II of this application, have a serve health problem, handicap or permanent disability?

YES ☐ NO ☐

If yes, provide name of family member _____ and;

Brief description of condition: _____

(Provide statements of condition from a physician's certification, Social Security or Veterans Affairs determination, or similar determination).

SECTION VI: Applicant Certification

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.

Applicant Signature

Date

Spouse Signature

Date

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SECTION III: Housing Information

- A. Present Housing Condition and Need:
- 1 Without Housing: YES ☐ NO ☐
- a.) Reason: _____
- b.) Present living arrangements: _____
- 2 Type of Housing: (✓)
- a.) Frame House ☐
- b.) Block/Brick ☐
- c.) Log ☐
- d.) Hogan ☐
- e.) Adobe ☐
- f.) Solar Energy Construction ☐
- 3 Year house was built: _____
- 4 If living under substandard conditions (check conditions present).
- a.) No potable running water in dwelling unit: ☐
- b.) No usable flushing toilet in dwelling unit: ☐
- c.) No installed usable tub or shower in dwelling unit: ☐
- d.) No operating sink or proper stove connections in Kitchen: ☐
- e.) Inadequate or no electric wiring system in dwelling unit: ☐
- f.) Inadequate or unsafe heating facilities for dwelling unit: ☐
- g.) Overcrowded: ☐
- Number of Bedrooms: [] Number of Persons: []
- h.) Single family unit occupied by 2 or more families: ☐
- 5 House Size: _____ (Sq.Feet) {Lngth: _____ ft/in} {Width: _____ ft/in}
- 6 Other conditions and factor of Housing Need:
Specify: _____
- 7 Monthly Amount Paid for Rent and Utilities: \$ _____

SECTION IV: Land Information

- A. Do you own the land on which you wish to renovate or build this home?
YES ☐ NO ☐
- If no, provide the name of the owner(s): _____
- B. What is the current status of the land?
- 1 Individually Restricted ☐
- 2 Fee Patented: ☐
- 3 Individual Trust: ☐
- 4 Tribal Restricted: ☐
- 5 Tribal Trust ☐
- 6 Tribal Fee Simple: ☐
- 7 Other: ☐
- Specify: _____

INCOME VERIFICATION STATEMENT

APPLICANT: _____ DATE: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

The _____ 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 you will be kept confidential and be used only in determining the eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be appreciated.

Sincerely,

Chapter Manager

_____ Chapter

**TO BE COMPLETED BY APPLICANT'S EMPLOYER OR
ASSISTING SOCIAL SERVICES AGENCY**

EMPLOYER/AGENCY NAME: _____

NAME OF PERSON FILLING OUT THIS FORM: _____

TITLE OF PERSON FILLING OUT THIS FORM: _____

APPLICANTS OCCUPATION: _____

EMPLOYED SINCE: _____

SALARY: _____ BASE PAY RATE: _____

EFFECTIVE DATE OF BASE PAY RATE: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

TOTAL MONTHLY INCOME/ASSISTANCE: _____

TYPE OF ASSISTANCE: _____

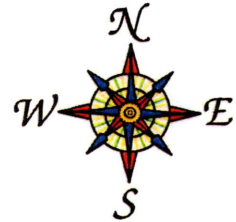
SIGNATURE OF PERSON FILLING OUT THIS FORM: _____

DATE: _____

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SECTION VII: Navajo Reservation Residence

- A. Years at Residence: _____ years and Months.
1. Chapter Member: YES ☐ NO ☐ If yes, where: _____
2. Registered Voter: YES ☐ NO ☐ If no, where: _____
3. Homesite Lease: YES ☐ NO ☐ If yes, Homesite Lease Number#: _____
- B. Please draw a map to the location of the housing unit to be renovated or built. Please indicate the name of your chapter and the distance from the chapter



Authorization for Release of Information

To: **Klagetoh Chapter**

I, or We _____ and _____

Hereby authorize Klagetoh Chapter to verify the information given in my housing discretionary application. Further, I or we hereby release all persons and organization from liability for providing legally relevant information in connection with my housing discretionary application.

Applicant Signature

Date

Co-Applicant Signature

Date

Witness (If only one signature)

Date