

# Housing Discretionary Assistance

This Page to be Completed by Chapter Staff ONLY

Application Received on: \_\_\_\_\_

Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Title: \_\_\_\_\_

## **Documents Needed/Submitted:**

Housing Application

Copy of Certificate of Indian Blood

Income Verification

Denial Letters (if applicable)

Homesite Lease

Proof of Disability/Illness (if applicable)

Authorization for Release of Information

Referral(s) from physician, social worker, CHR, or other (if applicable)

Map to Property

Waiver and Consent Agreement

Copy of Social Security Card

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## To be completed by the Community Service Coordinator

After reviewing the provided information, the request for Housing Discretionary Assistance has been:

Approved

Denied

Assistance Type: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

\_\_\_\_\_

Payable to (vendor): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Community Service Coordinator

\_\_\_\_\_  
Date

# Housing Application

Assistance Requested:  Category A (minor repair)  Category B (major repair/addition)  
 Category C (partial)  Archaeological Survey  Plat Survey

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Census No: \_\_\_\_\_  Male  Female

Contact #: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Home: \_\_\_\_\_

List Names of Persons Living in the Household on a Permanent Basis:

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List income for all persons over 16 that are living in the household (attach W-2's, Wage Stubs, SS Stubs, Retirement Stubs, Unemployment Stubs, etc.)

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**Total Annual Income:** \$ \_\_\_\_\_

House Type:  Frame  Brick/Block  Log  Hogan  Adobe  Mobile/Modular  
 Storage  No Housing/Homeless If homeless, explain living situation: \_\_\_\_\_

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Number of Bedrooms: \_\_\_\_\_ Length of House (in ft): \_\_\_\_\_ Width of House (in ft): \_\_\_\_\_

Is Electricity Available?  No  Yes If Yes, Company Name: \_\_\_\_\_

Running Water:  No  Yes Name of Water Utility Co.: \_\_\_\_\_

Sewer System:  City Sewer  Septic System  Chemical Toilet  Outhouse

Flush Toilet Installed?  No  Yes Bathtub or Shower Installed?  No  Yes

Do you own the land on which you wish to renovate or build or have a homesite lease?  No  Yes

If NO, who is the current owner/lease holder? \_\_\_\_\_

The land is currently:  Individual Trust  Tribal Trust  Individually Restricted  
 Tribal Restricted  Tribal Fee Simple  Other: \_\_\_\_\_

The land is possessed pursuant to a:  Leasehold Interest  Use Permit  
 Indefinite Assignment or Joint Ownership as described: \_\_\_\_\_

Have you or anyone in the household received Housing Discretionary Assistance before?  
 No  Yes If Yes, who received assistance? \_\_\_\_\_ Year: \_\_\_\_\_

Has the residence in question ever had construction or repairs completed using Housing  
Discretionary Funds?  No  Yes  
If Yes, applicant's name: \_\_\_\_\_ Year: \_\_\_\_\_ Amount: \_\_\_\_\_

Do you own another residence?  No  Yes If Yes, Location? \_\_\_\_\_

Have you applied for assistance from Indian Housing Authority, Tribal Credit Program, or a Private  
Lending Institution?  No  Yes

If Yes, Application Date: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Approved  Denied *If Denied, attach denial letters*

Does any member of your permanent household have a severe health problem, handicap, or permanent  
disability?  No  Yes If Yes, household member name: \_\_\_\_\_

Brief description of illness/disability: \_\_\_\_\_  
*Attach proof of illness/disability*

I certify that all the information provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse (if applicable)

\_\_\_\_\_  
Date

# Map to Property



# Income Verification Statement

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Klagetoh Chapter House is requesting your assistance in verifying income for the above-named applicant. This person is applying for Housing Discretionary Assistance. To assist our Chapter and the applicant, please provide the income information requested below. This information will be kept confidential and will only be used to determine eligibility.

Thank you for your assistance,

\_\_\_\_\_  
Community Service Coordinator

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## TO BE COMPLETED BY EMPLOYER

Employer Name: \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_

Employed Since: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Avg Hrs Worked/Wk: \_\_\_\_\_

## TO BE COMPLETED BY ASSISTING SOCIAL SERVICE AGENCY

Agency Name: \_\_\_\_\_

Type of Assistance: \_\_\_\_\_ Total Monthly Income: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

Housing Discretionary Assistance  
Authorization for Release of Information

I, \_\_\_\_\_ hereby authorize Klagetoh Chapter to verify the information given my Housing Discretionary Assistance application. Further, I hereby release all persons and organizations from liability for providing legally relevant information in connection with my Housing Discretionary Assistance application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date

# KLAGETOH CHAPTER

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PRESIDENT: LELAND NEZ

VICE PRESIDENT: LEON JACKSON

SECRETARY/TREASURER: MAUREEN WOODMAN

GRAZING OFFICER: ALLAN TAPAHA

COUNCIL DELEGATE: LOMARDO ASERET

COMMUNITY SERVICE COORDINATOR: CLARENCE CHEE

ACCOUNTS MAINTENANCE SPECIALIST: LELA SANGSTER

## Waiver and Consent Agreement for Housing Discretionary Financial Assistance

I, \_\_\_\_\_, a recipient of Housing Discretionary Funding,  
hereby agree to submit all sales receipts within ONE WEEK of the day that I pick up:

check #: \_\_\_\_\_

amount of \$: \_\_\_\_\_

written to: \_\_\_\_\_

All materials and supplies that are purchased using the aforementioned check will be accounted for on the sales receipts. In the event that I fail to return ALL sales receipts, I will forfeit any and all future financial assistance from Klagetoh Chapter.

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CSC Signature

\_\_\_\_\_  
Date