

BLACK MESA CHAPTER

HOUSING DISCRETIONARY FUNDS

Chapter Policy & Resolution

Navajo Nation Policy

Navajo Nation supreme Court Benally V. Etcitty SC-CV-25-96

Detail Budget w/ Carryover

Expenditure Authorization Signature Form (EAS)

Check List Document:

1. Assistance Application Request Form
2. Housing Application
3. Authorization for Release of Information (EAS)
4. Map to Property
5. 3 Vendor Price Quotes. (NOTE: The QUANTITY of all quotes MUST be the SAME.)
6. Home Site Lease/ Ownership Documents
7. Black Mesa Chapter Voter's Registration
8. Copy of Social Security Cards for ALL Household members

OTHERS: Referrals

NOTE: Please attach all required documents to application or application will not be accepted until all documents are attached and completed.

Map to Property

Black Mesa (kits'iili) Chapter

P.O. Box 189
Pinon, AZ 86510
Telephone# (928) 675-0009

Assistance Application Request From

Date: _____

Name: _____

Social Security No: _____

Address: _____

Census No: _____

Phone#: _____

Purpose of Request: _____

Eligibility Criteria:

1. Requesting individual must be currently registered with the Black Mesa (kits'iili) Chapter.
2. Form Must be completed & submitted to the Chapter Administration Office.
3. Supporting documents such as letters, invoice, itemized expense report, etc. must be attached.
4. Financial assistance request shall be approved depending on availability of funds.

By signing this document you agreeing that you have completed your application completely and that you are responsible for bring back your receipt(s) to Black Mesa (kits'iili) Chapter.

Signature of Applicant

Date

↓↓↓ OFFICE USE ONLY ↓↓↓

REQUESTED BY:

Accounts Maintenance Spec.

Date

APPROVED BY:

Community Service Coord.

Date

CONCURRED BY:

Chapter Official

Date

APPROVED

DISAPPROVED

C. HOUSING INFORMATION

1. Location of the House to be repaired, constructed or purchased. Give accurate direction to this house: _____
2. Provide a brief description of housing assistance for which you are applying:
3. Is electricity available? Yes No
4. Sewer System: City Sewer Septic Tank Chemical Toilet Outhouse
5. Water Source: City Sewer Private Well Community Tank Other: _____
6. Number of Bedrooms? _____ Size of House _____ Square Feet _____
7. Bathroom Facilities: _____ Flush Toilet: Yes No Tub: Yes No

D. GENERAL INFORMATION

1. Have you or anyone in your household received Housing Improvement Program (HIP) assistance before? Yes No If yes, give amount received, year and location money was used.
2. To your knowledge, has the house which you are asking assistance for, repair or purchase ever been provided by HIP assistance before? Yes No If yes, indicate amount, to whom and when: _____

3. Do you own any other house not occupied by family? Yes No If yes, state where the house is located and by whom is it occupied: _____

4. Does anyone in your family who is a permanent resident listed under Parts A & B of This Application have a severe health problem, handicap or permanent disability? Yes No
If yes, Provide name and brief description of such with certified documentation. _____

E. APPLICATION CERTIFICATION

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Applicant's Signature _____ Date _____

AUTHORIZATION OF RELEASE OF INFORMATION

I _____, HEREBY AUTHORIZE THE NAVAJO TRIBE THROUGH THE BLACK MESA (KITS'IILI) CHAPTER TO OBTAIN ALL NECESSARY INFORMATION FOR COMPLETION OF MY APPLICATION FOR HOUSING ASSISTANCE INCLUDING INFORMATION ON MY INTEREST ON LAND AND HOUSEHOLD INCOME. I UNDERSTAND AND ACKNOWLEDGE THIS INFORMATION WILL BE USED IN DETERMINING MY ELIGIBILITY EXTENT OF HOUSING ASSISTANCE THROUGH THE BLACK MESA (KITS'IILI) CHAPTER OR OTHER HOUSING FUNDING SOURCES.

SIGNATURE:

APPLICANT

CO-APPLICANT

DATE

WITNESS:

