

FY 2019 HUERFANO CHAPTER HOUSING DISCRETIONARY FUND CHECK-OFF LIST OF REQUIRED DOCUMENTS

NAME OF APPLICANT(S): _____

*****Maximum Amount is \$500 every 2 Years per Household*****

1. _____ HOUSING DISCRETIONARY APPLICATION
2. _____ EVIDENCE OF LAND OWNERSHIP
3. _____ AUTHORIZATION FOR RELEASE OF INFORMATION
4. _____ MAP OF PROPERTY
5. _____ COPY OF APPLICANT'S NAVAJO NATION CERTIFICATE DEGREE OF INDIAN BLOOD
6. _____ MUST BE REGISTERED WITH HUERFANO CHAPTER (6) MONTHS OR LONGER
7. _____ COPY OF APPLICANT'S NAVAJO VOTER'S REGISTRATION CARD(S) OR OR LETTER (IF YOU DO NOT HAVE A VOTER REGISTRATION CARD, PLEASE CALL 1-888-508-6870 AND REQUEST FOR ONE)
8. _____ REFERRAL FROM PHYSICIAN, SOCIAL WORKER, COMMUNITY HEALTH REPRESENTATIVE, OR OTHER ENTITY (IF APPLICABLE)
9. _____ 3 – PRICE QUOTES FROM DIFFERENT VENDORS
 - a. _____
 - b. _____
 - c. _____
10. Effective 09-09-18 by Resolution HUE-118-18. October 01, 2018 to September 30, 2019

ADDITIONAL COMMENTS

Huerfano Chapter

Financial Assistance from Housing Discretionary Fund

If requesting for financial for land surveyor archeological clearance, give location of the proposed home-site or residential lease site (Give accurate directions to this proposed home-site or residential site): _____

Do you own the land on which you wish to renovate, extend power line or waterlines, or construct a wastewater system to this home? () Yes () No

If No, provide name of owner(s): _____

What status is the land currently listed as:

- TRIBAL FEE LAND ALLOTMENT OTHER

If you do not own the land, do you have?

- LEASE HOLDER INTEREST PERMIT
 INDEFINITE ASSIGNMENT OR JOIN OWNERSHIP (if so, please explain):

GENERAL INFORMATION

Have you or anyone in your household received Tribal/Chapter Housing assistance before? () Yes () No
If yes, please indicate the amount you received, year and location money was used: _____

Is the house in which you are asking assistance for repairs ever been provided Tribal/Chapter assistance before?
() Yes () No

If yes, indicate amount and date and to whom? _____

APPLICANT'S CERTIFICATION

I certify that all of the answers given are true, complete, and correct to the best of my knowledge and belief:

Applicant's Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

THIS INFORMATION WILL BE USED TO DETERMINE ELIGIBILITY OF THE APPLICANT(S)

AUTHORIZATION FOR RELEASE OF INFORMATION

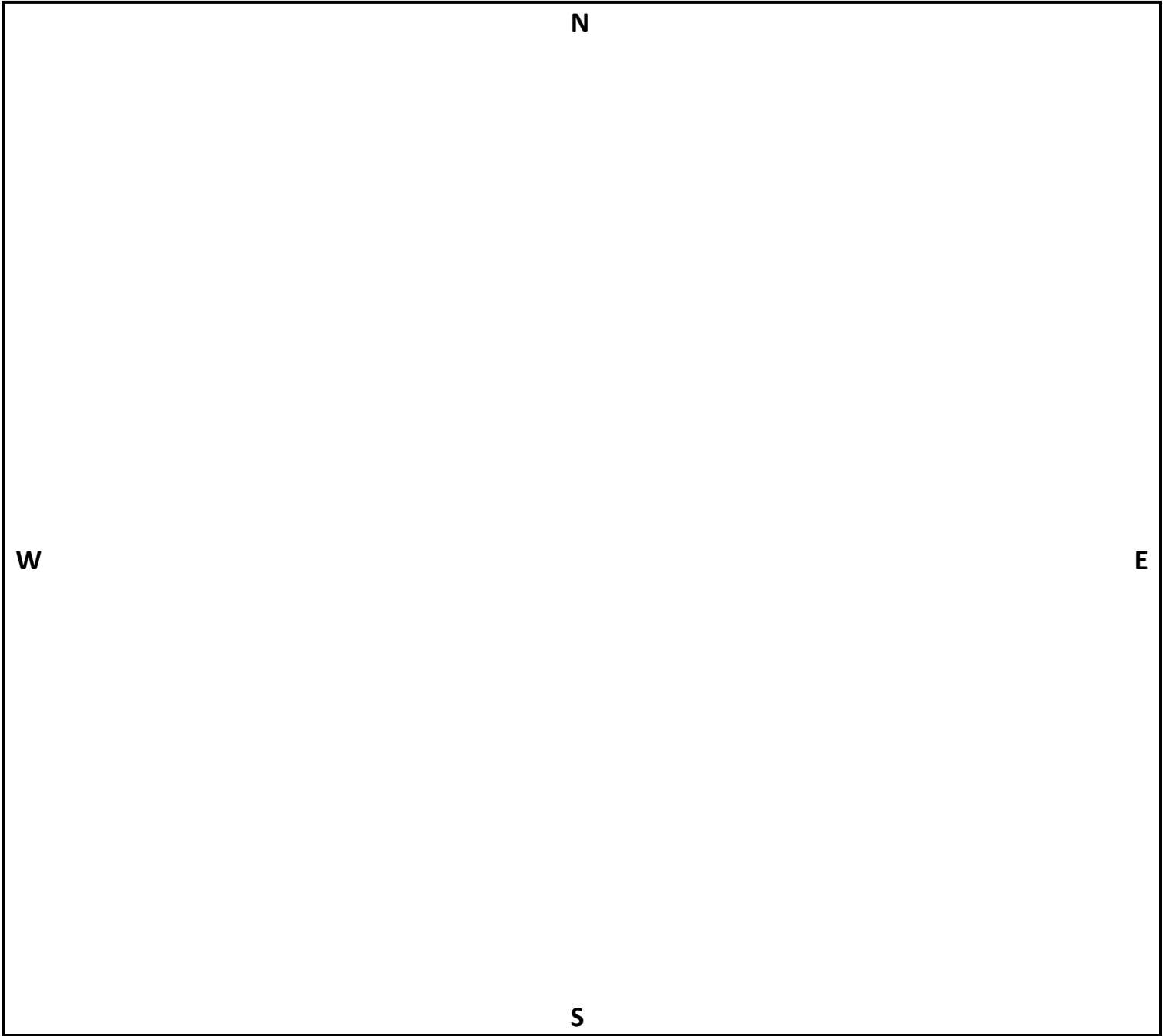
I, _____, hereby authorize the Huerfano Chapter Housing Assistance Program to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household status according to the Chapter Criteria. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Huerfano Chapter or other housing project sources.

Signature: _____
Applicant Signature

Spouse Signature

Date

MAP OF PROPERTY
Project Site Locations



APPLICANT'S NAME: _____

PHYSICAL ADDRESS: _____
