FY 2026 HUERFANO CHAPTER HOUSE
HOUSING DISCRETIONARY FUND
CHECK-OFF LIST OF REQUIRED DOCUMENTS

NAME OF APPLICANT(S): _____

$1000 FINANCAL ASSISTANCE IS AWARDED EVERY TWO (2) YEARS

1.___HOUSING DISCRETIONARY APPLICATION

2.___EVIDENCE OF LAND OWNERSHIP

3.___AUTHORIZATION FOR RELEASE OF INFORMATION

4.___MAP AND COORDINATES OF PROPERTY

5.___COPY OF APPLICANT'S NAVAJO NATION CERTIFICATE DEGREE OF INDIAN BLOOD (CIB)

6.___MUST BE REGISTERED WITH HUERFANO CHAPTER FOR (6) MONTHS OR LONGER

7.___COPY OF APPLICANT'S NAVAJO VOTER'S REGISTRATION CARD(S) 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 OR OTHER ENTITY (IF APPLICABLE)

9.___(3) THREE PRICE QUOTES FROM DIFFERENT VENDORS
- a. _____
- b. _____
- c. _____

EFFECTIVE 06-09-2024 BY RESOLUTION HUE-048-2024. June 09, 2024.

ADDITIONAL COMMENTS _____
_____
_____
_____
_____

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

Huerfano Chapter House

Financial Assistance from Housing Discretionary Fund

All questions on this application must be answered. Read criteria for financial assistance from Housing Discretionary Fund before completing this application.

Financial Assistance for:
- ❑ **Housing Material**
- ❑ **Power Line Extension/Solar**
- ❑ **Home Site Clearances**
- ❑ **Waterline Extension**
- ❑ **Material for Wastewater System**
- ❑ **Archeological Clearance**

APPLICATION INFORMATION

Name: _____ Maiden: _____ Phone #: ( ) _____
(Last First Middle) (If applicable)

Mailing Address: _____
(City State Zip Code)

Physical Address: _____
(City State Zip Code)

Social Security No: _____ Navajo Nation Census No: _____

Date of Birth: _____ Registered Voter: ❑ Yes ❑ No If Yes, How Long? _____

Marital Status ❑ Married ❑ Single ❑ Widowed ❑ Other

If you checked "Other" please explain: _____

Spouse's Name: _____
(Last First Middle)

Do you currently occupy the home, mobile home or manufactured house that you are requesting housing material, power line extension or wastewater material for? ❑ Yes ❑ No
If no, please explain: _____

_____

_____

_____

Do you own or rent the home, mobile or manufactured house you are requesting assistance for?
❑ Yes ❑ No **If no, please explain:** _____

_____

_____

_____

LOCATION INFORMATION

If requesting financial assistance for housing material, power line extension, waterline extension, or material for wastewater system, give location of home & where the financial assistance will be used. (Give accurate directions and coordinates to the home from the Huerfano Chapter): _____

_____

_____

_____

_____

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

Huerfano Chapter House

Financial Assistance from Housing Discretionary Fund

All questions on this application must be answered. Read criteria for financial assistance from Housing Discretionary Fund before completing this application.

If requesting for financial for land surveyor archeological clearance, give location of proposed home-site or residential lease site (Give accurate Directions & Coordinates 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 JOINT 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:

_____

_____

_____

_____

Has the home which you are asking assistance for ever had Tribal/Chapter assistance before?
❑ Yes ❑ No If yes, indicate amount and date and to whom? _____

_____

_____

_____

APPLICANT'S CERTIFICATION

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

Applicant's Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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

Huerfano Chapter House

Financial Assistance from Housing Discretionary Fund

All questions on this application must be answered. Read criteria for financial assistance from Housing Discretionary Fund before completing this application.

I, _____, herby 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 Date

_____
Spouse Signature Date

Revised: 6/9/2024

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

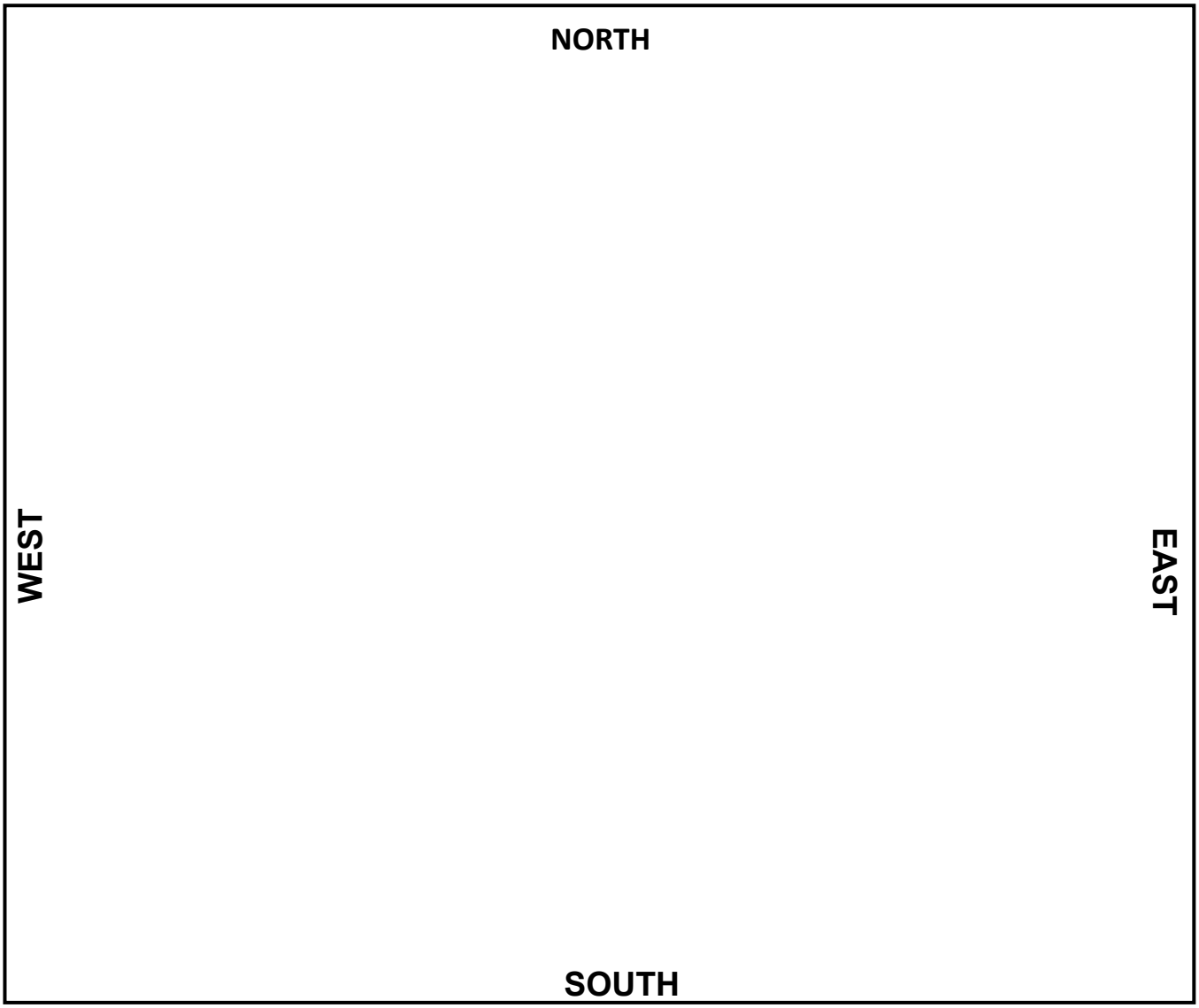
Huerfano Chapter House

Financial Assistance from Housing Discretionary Fund

All questions on this application must be answered. Read criteria for financial assistance from Housing Discretionary Fund before completing this application.

MAP OF PROPERTY

Project Site Location



APPLICANT'S NAME: _____

PHYSICAL ADDRESS: _____

COORDINATES: LATITUDE _____ **LONGITUDE** _____

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