



Whippoorwill Chapter

Post Office Box 279

Pinon, AZ 86510-0279

Telephone (928) 725-3728/3727 Fax (928) 725-3745

whippoorwill@navajochapters.org



Mareita Denny, Chapter Manager

Germaine Simonson - NN Council Delegate

Aaron Yazzie - President

Gerald Ahasteen - Vice President

Ella M. Kay, Chapter Administrative Assistant

Phillip Tom Jr. - Secretary/Treasurer

HOUSING DISCRETIONARY ASSISTANCE

CHECK-OFF LIST (REQUIRED DOCUMENTS)

Applicant's Name: _____

Date: _____

Spouse's Name: _____

Date: _____

- COMPLETE HOUSING DISCRETIONARY ASSISTANCE APPLICATION
- COPY OF THE NAVAJO NATION ELECTIONS VOTERS REGISTRATION FORM
- COPY OF CERTIFICATE OF INDIAN BLOOD (CIB) FOR APPLICANT
- COPY INCOME VERIFICATION FOR APPLICANT
- COPY OF APPROVED HOMESITE LEASE OR HOMESITE CERTIFICATION IF HOME IS BUILT
BEFORE 1986
- THREE (3) QUOTATIONS OF MATERIAL LISTING FROM THREE (3) DIFFERENT VENDORS.
- COMPLETE RANKING AND EVALUTION SHEET (ASSESSMENT)
- MAP TO PROPERTY

All required documents must be submitted with application in order to be considered for assistance under the Housing Discretionary Funds. If you have any question regarding the application process, please contact
Whippoorwill Chapter @ (928)725-3728/3727

Received by: _____

Date: _____

Reviewed by: _____

Date: _____

Revised 12/29/2023

Name:	Annual Income Earned:	Source of Income:
Name:	Annual Income Earned:	Source of Income:

TOTAL Annual Earned Income: _____

HOUSING INFORMATION

1. Provide a brief description of the problems with your house or the type of housing assistance for which you are applying. (Be descriptive when identifying problems)

2. What year was the home built, for which you are requesting assistance?	3. Is Electricity available for you and your family? Y() or N() If YES, provide the name of the electric company: _____	
4. Type of Sewer System? () Outhouse () Septic Tank () Chemical Toilet	5. Type of Water Source? () City Water () Private Well () Community Water Tank () Other: _____	
6. House Size and Number of Bedroom: House Size (Square Feet): _____	Number of Bedrooms: _____ Length: _____ ft/in Width: _____ ft/in	
7. Bathroom Facilities in existing home: Do you have a flushable Toilet? Y() or N()	Do you have a Bathtub? Y() or N()	Do you have a Sink/Lavatory? Y() or N()

LAND INFORMATION

1. Do you own the land on which you wish to renovate this house? Y() or N()	2. Do you have an approved Homesite Lease or Certificate of Home Ownership? Y() or N() If NO, provide the name of the owner(s) and attach an approval letter: _____
3. What is the current status of the land in which you reside in: () Former Joint Use Area () Navajo Partitioned Land () Hopi Partitioned Land	

GENERAL INFORMATION

1. Are you a registered voter of Whippoorwill Chapter? Y() or N()	2. How long have you lived at your current residence for which you are requesting assistance for? Y() or N()
3. Has the chapter's Housing Discretionary Assistance ever been provided for this house and have you ever received this assistance before? Y() or N() If YES, to whom? _____ Amount of Assistance? _____ Year Assistance Received? _____	
4. Do you own any other house(s) not occupied by your family? Y() or N() If YES, State where the house is located? _____ Who occupies the home? _____	
5. Do you live in a house built with Housing and Urban Development (HUD) Funds? Y() or N()	6. Is the HUD project still under operation of an Indian Housing Authority? Y() or N()
7. Does anyone in your family, who is a permanent resident listed in the application, have a severe health problem, handicap or permanently disabled? (Provide supporting documents or Physician Certification) Y() or N() If YES, provide the name(s) of family member(s) and describe: Name: _____ Description: _____	

MATERIAL LISTING INFORMATION

1.	7.
2.	8.
3.	9.

**WHIPPOORWILL CHAPTER
HOUSING DISCRETIONARY ASSISTANCE APPLICATION**

APPLICANT INFORMATION

Applicant Name: (Last)		(First)	(Middle Initial)	(Maiden Name)
Current Mailing Address: (Address/City/State/Zip Code)				Telephone No.:
Permanent Physical Address: (Address/City/State/Zip Code)				Message Telephone No.:
SSN:	Census #:	DOB:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____	

SPOUSE INFORMATION (If Applicable)

Spouse's Name: (Last)		(First)	(Middle Initial)	(Maiden Name)
SSN:	Census #:	DOB:		

FAMILY INFORMATION

List ALL individuals living in the household on a permanent basis. Begin with applicant, spouse (if applicable), then any additional family members.

Name (Self):	DOB:	SSN:	Census #:	Relationship to Applicant:
Name (Spouse)	DOB:	SSN:	Census #:	Relationship to Applicant:
Name:	DOB:	SSN:	Census #:	Relationship to Applicant:
Name:	DOB:	SSN:	Census #:	Relationship to Applicant:
Name:	DOB:	SSN:	Census #:	Relationship to Applicant:
Name:	DOB:	SSN:	Census #:	Relationship to Applicant:
Name:	DOB:	SSN:	Census #:	Relationship to Applicant:

HOUSEHOLD INCOME INFORMATION

Earned Income: Begin with applicant thereafter all permanent family members who have earned income. Provide all current check stubs, award letters from General Assistance (GA), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Social Security Benefits (SSB), Veterans Administration (VA), Retirement, Unemployment, Annual Trust Income, etc..

Name:	Annual Income Earned:	Source of Income:
Name:	Annual Income Earned:	Source of Income:

APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in BLACK or BLUE ink)

I, _____, certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and that they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance with Housing Discretionary Funds by Whippoorwill Chapter. Any false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains materials covered by the Privacy Act. No records will be communicated to anyone or any agency unless requested in writing, by myself, or unless an officer or employee of Whippoorwill Chapter, or other Federal agency requires it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

PRIVACY ACT STATEMENT

The staff of Whippoorwill Chapter practices Privacy Act under applicable State, Federal, and Navajo Nation Law, including the Navajo Nation Privacy Act, 2 N.N.C. Subsection 81 et seq. The primary use of this information is to determine eligibility for assistance under the Housing Discretionary Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If Whippoorwill Chapter uses the information furnished on this form, for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security numbers. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

AUTHORIZED PERSONNEL ONLY

Received By: _____ Date: _____

Reviewed By: _____ Date: _____

APPROVED DISAPPROVED

Reason for Decision: _____

NOTE: ALL decisions regarding the Housing Discretionary Applications are based on the Plan of Operation criteria that is attached to this application packet.

4.	10.
5.	11.
6.	12.

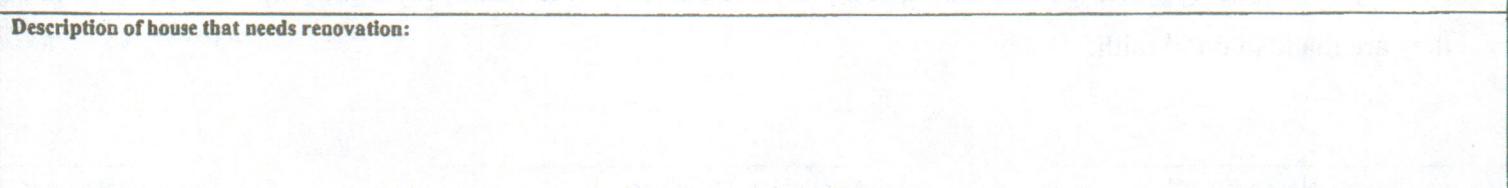
LOCATION OF HOME

Please draw a map to the location of the home to be renovated. Indicate Whippoorwill Chapter as a base point on the map. Be specific on directions and distance.

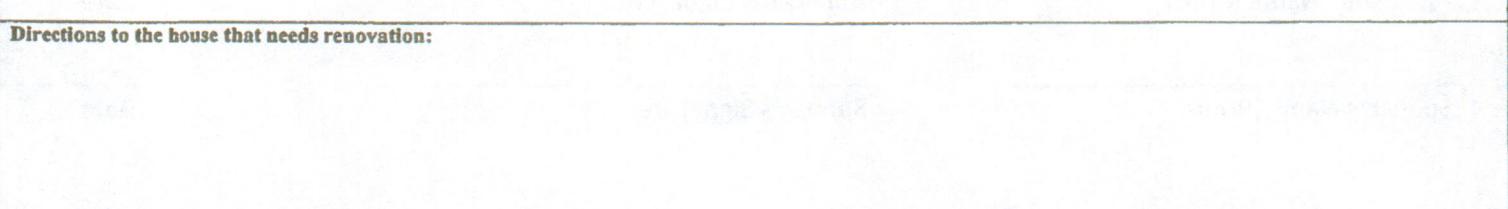


	
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Description of house that needs renovation:

	
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Directions to the house that needs renovation:

	
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Jimmy Yellowhair - NN Council Delegate Aaron Yazzie - President Gerald Ahasteen - Vice President Phillip Tom Jr. - Secretary/Treasurer

CERTIFICATION OF NO INCOME

For Housing Discretionary Application Process ONLY

NO INCOME:

REASON: _____

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

Applicants Name (Print)

Applicants Signature

Date

Spouse's Name (Print)

Spouse's Signature

Date



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AUTHORIZED REPRESENTATIVE

For Housing Discretionary Application Process ONLY

I,(We), _____, hereby authorize the individual listed below to assist with my (our) Housing Discretionary Assistance application process. I (We) understand that the individual may be informed of all necessary information for completion of the application of any missing documents, whether need to reapply, or any other information pertaining to the application.

Name of Individual: _____

Census #: _____

Mailing Address: _____

Phone No: _____

Relationship to Applicant: _____

Signature of Authorized Representative

Date

I(We), understand and acknowledge that we voluntarily designated the above-named individual to represent and assist with the housing assistance application process. I(We) may withdraw this authorization at any time when we feel the need to do so.

Applicants Name (Print)

Applicants Signature

Date

Spouse's Name (Print)

Spouse's Signature

Date

Thumbprint Witness's Name (Print)

Thumbprint Witness's Signature

Date

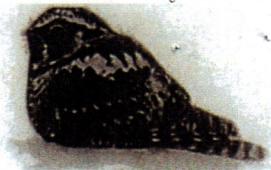
Authorized Personnel's Name (Print)

Authorized Personnel's Signature

Date



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INCOME VERIFICATION STATEMENT

APPLICANT: _____

DATE: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

The Whippoorwill 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 this completed form to our office would be greatly appreciated.

Sincerely,

Marieta Denny, Chapter Manager

TO BE COMPLETED BY APPLICANT'S EMPLOYER OR ASSISTING SOCIAL SERVICES AGENCY
EMPLOYER/AGENCY NAME: _____

NAME OF PERSON FILLING OUT THIS FORM: _____

TITLE OF THE PERSON FILLING OUT THIS FORM: _____

APPLICANT'S 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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MATERIAL LISTING(S)

CLIENT NAME: _____

DATE: _____