



WHIPPOORWILL CHAPTER

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HOUSING DISCRETIONARY ASSISTANCE REQUIRED DOCUMENT (CHECK-OFF LIST)

Applicants Name: _____ Date: _____

Spouse's Name: _____ Date: _____

- COMPLETE HOUSING DISCRETIONARY ASSISTANCE APPLICATIONS
- COMPLETE MAP TO PROPERTY FORM
- COMPLETE RANKING AND EVALUATION SHEET (ASSESSMENT FORM)
- THREE (3) QUOTATIONS OF MATERIAL LISTING FROM THREE (3) DIFFERENT VENDORS
- COPY OF STATE ISSUED DRIVERS LICENSE OR IDENTIFICATION CARD
- COPY OF CERTIFICATE OF INDIAN BLOOD (CIB)
- COPY OF SOCIAL SECURITY CARD
- COPY OF NAVAJO NATION ELECTION VOTER REGISTRATION CARD OR VERIFICATION OF VOTER REGISTRATION FORM
- COPY OF APPROVED HOMESITE LEASE OR HOMESITE CERTIFICATION IF HOME IS BUILT BEFORE 1986

All required documents must be submitted with application by the closing date, no later than 5:00pm in order to be considered for the Higher Education Financial Assistance Program. If you have any questions regarding to the application process, please contact Whippoorwill Chapter at (928) 725-3728.

Received by: _____ Date: _____ Reviewed by: _____ Date: _____

WHIPPOORWILL CHAPTER HOUSING DISCRETIONARY ASSISTANCE APPLICATION

Applicants Name: (Last) (First) (Middle) (Maiden Name)			
Current Mailing Address: (Address/ City/ State/ Zip code or PO Box)			Telephone Number:
Permanent Physical Address: (Address/ City/ State/ Zip Code)			
Social Security Number:	Census Number:	Date of Birth:	Marital Status: (Check one) <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Other

SPOUSE INFORMATION (If Applicable)

Spouse's Name: (Last) (First) (Middle)			
Social Security Number:	Census Number:	Date of Birth:	Telephone Number:

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):	Date of Birth:	Social Security Number:	Census Number:	SELF
Name (Spouse):	Date of Birth:	Social Security Number:	Census Number:	SPOUSE
Name:	Date of Birth:	Social Security Number:	Census Number:	Relationship to Applicant:
Name:	Date of Birth:	Social Security Number:	Census Number:	Relationship to Applicant:
Name:	Date of Birth:	Social Security Number:	Census Number:	Relationship to Applicant:
Name:	Date of Birth:	Social Security Number:	Census Number:	Relationship to Applicant:
Name:	Date of Birth:	Social Security Number:	Census Number:	Relationship to Applicant:
Name:	Date of Birth:	Social Security Number:	Census Number:	Relationship to Applicant:
Name:	Date of Birth:	Social Security Number:	Census Number:	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:	Source of Income:	Annual Income Earned:
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Name:	Annual Income Earned:	Annual Income Earned:
Name:	Annual Income Earned:	Annual Income Earned:
Name:	Annual Income Earned:	Annual Income Earned:
Name:	Annual Income Earned:	Annual Income Earned:
Name:	Annual Income Earned:	Annual Income Earned:
Name:	Annual Income Earned:	Annual Income Earned:
Name:	Annual Income Earned:	Annual Income Earned:
Name:	Annual Income Earned:	Annual Income Earned:
Total Income Earned:		

GENERAL INFORMATION

Are you a registered Voter of Whippoorwill Chapter: Yes or No	How long have you lived at you current residence for which you are requesting assistance for?
Has the Chapter's Housing Discretionary Assistance ever been provided for this house and have you ever received this assistance before? (Circle one) Yes or No If Yes, to whom? Amount of Assistance? Year Assistance Received?	
Do you own any other house(s) not occupied by your family? (Circle one) Yes or No If Yes, State where the house is located?	Who occupies the home?
Do you live in a house built with Housing and Urban Development (HUD) Funds? (Circle one) Yes or No	Is the HUD project still under operation of an Indian Housing Authority? (Circle one) Yes or No
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) (Circle one) Yes or No If Yes, provide the name(s) of family members and describe: Name: Relationship:	

HOUSING INFORMATION

Provide a brief description of the problem with your house or the type of housing assistance for which you are applying. (Be descriptive when identifying problems)			
What year was the home built, for which you are requesting assistance?	Is Electricity available for you and your family? (Circle one) Yes or No If yes provide the name of the electric company.		
Type of Sewer System? (Circle one) Outhouse Septic Tank Chemical Toilet	Type of Water Source? City Water Private Well Community Water Tank Other:		
House Size (Square Feet):	House Size and Number of Bedrooms: Number of Bedrooms:	Length:	Width:
Bathroom Facilities in existing home: (Circle one) Do you have a flushable toilet? Yes or No Do you have a Bathtub? Yes or No Do you have a sink/ lavatory? Yes or No			

LAND INFORMATION

Do you own the land on which you wish to renovate? Yes or No	Do you have an approved Homesite Lease or Certificate of Home Ownership? (Circle one) Yes or No If No, provide the name of the owner(s) and attach an approval letter:
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What is the current status of the land in which you reside in: (Circle one)

Former Joint Use Area

Navajo Partioned Land

Hopi Partioned Land

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.

N

W

E

S

Directions to the house that needs renovation:

Description of house that needs renovation:

APPLICANT CERTIFICATION

Read this certification carefully before you sign and date you application

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.

Applicants Signature:	Date:
Spouse's Signature:	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 any 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 this attached to this application packet.

CERTIFICATION OF NO INCOME
FOR HOUSING DISCRETIONARY APPLICATION PROCESS ONLY

Briefly describe why you don't receive any income:

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

Applicants Name:	Applicants Signature:	Date
Spouse's Name:	Spouse's Signature:	Date

INCOME VERIFICATION STATEMENT

AUTHORIZED PERSONNEL ONLY

Applicant Name:	Date
Applicant's Social Security Number:	

The Whippoorwill Chapter is requesting your assistance to verify income information for the above-name 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 the 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

AUTHORIZED REPRESENTATIVE

For Housing Discretionary Application Process ONLY

I, (We), _____, hereby authorized the individual listed below to assist with my (our) Housing Discretionary Assistance 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 Number:
Mailing Address:	
Phone Number:	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):	Applicant's Signature:	Date:
Spouse's Name (Print):	Spouse's Signature:	Date:
Witness's Name (Print):	Witness's Signature:	Date:
Authorized Personnel's Name (Print):	Authorized Personnel's Signature:	Date: