

**TSAILE/WHEATFIELDS CHAPTER
HOUSING ASSISTANCE APPLICATION
CHECKLIST - All Documents Listed Are Required**

APPLICANT NAME: _____

DATE REC'D

- _____ 1). **APPLICATION:** Complete Tsaile/Wheatfields Chapter Housing Application with Signature.
- _____ 2). **MAP:** A map to the property.
- _____ 3). **PHOTOS:** Photograph of the house requesting assistance (interior/exterior). To prove the house is in need of renovation, repair or improvement.
- _____ 4). **PHOTO IDENTIFICATION:** i.e. ID Card, Driver Licenses, SS Card of Applicant
- _____ 5). **VOTER REGISTRATION:** Copy of the NAVAJO NATION VOTER REGISTRATION Card.
- _____ 6). **MATERIALS LISTING:** A list of materials and their cost or price quotations from at least three (3) reputable vendors.
- Vendor: _____ Amount: \$ _____
- Vendor: _____ Amount: \$ _____
- Vendor: _____ Amount: \$ _____
- _____ 7). **UTILITY BILL:** Need a Copy of Billing Statement, not payment receipt and/or statement from other heating sources.

FOR OFFICE USE ONLY: EVALUATION TEAM

APPROVED: _____ **DENIED:** _____

_____ Date Rec'd

REASON/RECOMMENDATION: _____

Evaluation or Ranking Sheet Complete: _____
Date

Signature/Title _____

Signature/Title _____

Signature/Title _____

TSAILE/WHEATFIELDS CHAPTER HOUSING ASSISTANCE APPLICATION

A. APPLICANT INFORMATION

Applicant' Name _____ Census No.: _____

Registered Voter: YES NO Chapter Affiliation: _____

Spouse: _____ Censue No.: _____

Registered Voter: YES NO Chapter Affiliation: _____

Mailing Address: _____
City State Zip Code

Telephone Number.: _____ Message or Work Number: _____

B. FAMILY INFORMATION

Name of Family Members (Include Applicant)	Handicap	Elderly	Child	Health Conditio	Age	Sex	Relationship to Head of Household	Source of Income	Gross Monthly Income
1									
2									
3									
4									
5									
6									
7									
8									

C. TYPE OF ASSISTANCE REQUESTING:

Renovation of Existing Home Bathroom Addition: Project #: _____
 Weatherization Powerline Extension Housing Wiring

New House/Addition/Foundation (Cost Share with Chapter)
 How much materials do you already have on hand? _____
 Are you already working on the Project: Yes No What Percent? _____

D. TYPE OF LABOR TO BE UTILIZE:

Upon Eligibility, I / We will be responsible to obtain labor for my / own project to install the housing materials.
 I / We will commit to completing the project in timely manner from the date or the award assistance I / We will pursue labor from:

Client Self-Help Friends Contractor Public Employment Program
 Extended Family Members Church Group Other: _____

E. HOUSING INFORMATION

Location of the house to be repaired, renovated or constructed. (Give detailed directions to the house).

Provide a detail description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.

To your knowledge, has any Housing Program ever been provided for this house or have you ever received assistance from the chapter? Yes No

If yes, indicate amount: \$ _____ To Whom: _____
When: _____ Where: _____

Is electricity available? Yes No Bathroom facilities in existing House? Yes No

Sewer System: Lagoon Septic System Outhouse

Water System: Waterline Private Well Cistern System Other

Type of Primary Heating System: Wood/Coal Gas Propane Pellet Stove
 Electric

F. LAND INFORMATION

Do you own the land on which you wish to renovate this house? Yes No

What is the current status of the land? Navajo Trust Land Homesite Lease
 Land Use Permit Grazing Permit

Is there a dispute in the area? Yes No If yes, Who? _____

G. GENERAL INFORMATION

Do you own your home? Yes No What is the approximate age of the home? _____

Type of home: Hogan House Trailer Cabin NHA Housing Unit

Is it a? Permanent Home Summer Camp Winter Camp How many months? _____

Have you or anyone in your house ever received housing assistance from Navajo Housing Service, Veteran Housing Program or Chapter Housing Discretionary? Yes No

If yes, provide amount: \$ _____ Year: _____

Location of the house: _____

Do you own any other house not occupied? Yes No If yes, Where? _____

Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability? If yes, provide name of family member and brief description of condition. _____

I / We subscribe and affirm that the information provided to the Tsaile/Wheatfields Chapter on this application including statements are true and correct to the best of my knowledge.

I / We will not be held liable for any injury or damage occurring on my property which is not a result of my negligence or malfeasance. I / We certify that I given my/our permission to allow work and monitoring on the property listed on the application.

I / We certify that all the answers given are true, complete and correct to the best of my knowledge and belief they are made in good faith. I understand that this application for Housing Assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provide assistance will depend in part upon the funds available and the priorities to be met by the policies, including but not limit to Navajo Nation, State and Federal.

APPLICANTS SIGNATURE: _____ DATE: _____

CO-APPLICANTS SIGNATURE: _____ DATE: _____

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MAP TO HOME

Draw directions to the actual project site location.

(i.e., include highway numbers, route numbers, mile post markers, significant land marks, distance between places, etc.)

APPLICANT NAME: _____

A large empty rectangular box for drawing directions. The box is bounded by a thin black line. The cardinal directions are marked at the corners: 'N' at the top center, 'S' at the bottom center, 'W' on the left side, and 'E' on the right side.