

Bahastl'ah Chapter
Housing Assistance Application
FY' _____
HA No.: _____

Date Submitted: _____

Name: _____

Required documents for Housing Assistance:

1. _____ **Housing Application**
Fill out application completely and containing enrollment information and family size composition. Describe the purpose of your request.
2. _____ **Income Verification Statement**
With signed authorization for release of income/employment information and completed by authorized representatives of the income source/employer. Telephone verification is acceptable subject to proper documentation in the running record and subject to written verification.
3. _____ **Map to Property**
Draw a map of how to get to your residence from the Chapter House.
4. _____ **Authorization of Release of Information**
Certification of applicant ineligibility for other federally assisted housing programs; such as: Programs under the Navajo Housing Authority, Financial Institutions, etc.
5. _____ **Letter of Certification**
Need signature of applicant or right thumb print. Need a witness to sign for thumb print.

Other attachment(s):

6. _____ **Referrals**
Provide written evaluation or statement from your Physician, Social Worker, Community Health Representative (CHR) and/or other entity, if applicable.

*****OTHER IMPORATANT DOCUMENTS NEEDED*****

1. _____ Copy of Social Security Card. Provide a copy for each household member.
2. _____ Copy of Certificate of Indian Blood (CIB). Provide a copy for the Applicant only.
3. _____ Copy of Voter Registration Card/Form. **MUST BE A REGISTERED VOTER WITH BAHASTL'AH CHAPTER.**
4. _____ Evidence of Land Ownership. Homesite Lease certification from Navajo Land Office.
5. _____ List of Material(s), Cost Estimates (quotes) from three (3) Prospective Vendors.

Notes: _____

Bahast'ah Chapter
Housing Assistance Application

Read instructions before completing these forms. All questions on this application must be answered. Read the certification carefully before you sign and date your application. Sign in black ink.

A. APPLICATION INFORMATION:

1. NAME: _____

Last
First, M.I.
Maiden Name (if applicable)
2. CURRENT ADDRESS: _____
3. TELEPHONE NUMBER: _____
4. DATE OF BIRTH: _____
5. SOCIAL SECURITY NUMBER: ____-____-_____
6. NAVAJO NATION CENSUS NUMBER: _____
7. MARITAL STATUS: Married Single Widowed Other
8. SPOUSE'S NAME: _____

Last
First, M.I.
Maiden Name (if applicable)
9. DATE OF BIRTH: _____
10. SOCIAL SECURITY NUMBER: ____-____-_____
11. NAVAJO NATION CENSUS NUMBER: _____

B. FAMILY INFORMATION:

List all other person(s) living in the household on a permanent basis starting with the eldest.

Name:	Date of Birth:	Relationship to Applicant:	Navajo Nation Census No.:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

C. INCOME INFORMATION:

1. Earned Income: Start with applicant and then list all permanent family members eighteen (18) years old and older, who are listed under Part B and have earned income. Provide W-2 forms, wage stubs, etc., for verification.

NAME:	ANNUAL:	SOURCE:
TOTAL ANNUAL EARNED INCOME:		\$

2. Unearned Income: Start with applicant and then list all permanent family members eighteen (18) years old and older, who are listed under Part B and have unearned income such as Social Security, Retirement, Disability, Unemployment benefits, Child Support, Alimony, Royalties, per capita payments, interest, etc. Provide check stubs, statements, Individual Indian Money (IIM) ledger, etc., for verification.

NAME:	ANNUAL:	SOURCE:
TOTAL ANNUAL UNEARNED INCOME:		\$
TOTAL COMBINED ANNUAL HOUSEHOLD INCOME: (Earned Income + Unearned Income)		\$

D. HOUSING INFORMATION:

1. State why you want assistance. Location of residence is required, constructed or purchased. (Give accurate direction to residence)

2. Is electricity available? Yes / No Name of Utility Company: _____

3. Sewer System: Septic Tank Chemical Toilet Outhouse
 Name of Utility Company: _____

4. Water Source: Private Well Community Tank Other
 Name of Utility Company: _____

5. Number of Bedroom(s): _____ Size of House: _____ ft. X _____ ft.

6. Bathroom Facilities: Flush Toilet? Yes / No Tub? Yes / No Lavatory? Yes / No

E. LAND INFORMATION:

1. Do you know the land on which you wish to renovate or build this home? Yes / No
If "No" , provide name of owner(s): _____

2. What status is the land currently listed in?
 Individual Trust Tribal Trust Individual Restricted
 Tribal Restricted Tribal Fee Simple Other
Please describe: _____

3. If you do not own the land, do you have: Leasehold Interest Use Permit
 Indefinite assignment or joint ownership. If so, please specify:

F. GENERAL INFORMATION:

1. Have you or anyone in your household receive Tribal Housing Assistance before? If yes, indicate amount received, who was assisted and when assisted.

2. To your knowledge, has the house which you are asking assistance for repair ever been provided by Tribal Housing Assistance before? If yes, indicate amount received, who was assisted and when assisted.

3. Do you own any other house not occupied by your family? Yes / No If yes, state where the house is located and by whom it is occupied:

4. If you are requesting assistance for a new house unit, have you applied for assistance from Indian Housing Authority, a Tribal Credit Program or a private lending institution? Yes / No If yes, provide date of application, written proof of denial from these sources or any other source(s) not listed:

5. Does anyone in your family who is a permanent resident listed under Part A and B of this application have a severe health problem, handicap or permanent disability? Yes / No If yes, provide name and brief description of such certified documentation(s).

G. APPLICANT CERTIFICATION:

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

Applicant's Signature

Date

Spouse's Signature (if applicable)

Date

This information is being collected to select eligible family's individuals to participate in Bahastl'ah Chapter Housing Assistance Program. This information will be used to determine the eligibility of the applicant(s) response to this request is required to obtain a benefit.

~ MAP TO PROPERTY ~
(Project site Location)

Give directions from Bahastl'ah Chapter to location of residence:

	N	
W		E
	S	

Bahastl'ah Chapter
Housing Assistance Program
VERIFICATION OF INCOME

DATE: _____

NAME: _____

SOCIAL SECURITY #: _____ - _____ - _____

Bahastl'ah Chapter Housing Committee is requesting your assistance to verify income information for the family member(s) applying for assistance with our housing program. To assist our office and our housing applicant, please provide income information as requested at the bottom of this page. Information provided will remain confidential and will be used to determine the eligibility and extent of housing assistance from the housing program.

Your cooperation and immediate response to provide information to our office will be appreciated.

Respectively,

Applicant's Signature

**TO BE COMPLETED AND SIGNED BY
APPLICANT'S EMPLOYER OR ASSISTING SOCIAL SERVICE AGENCY**

1. Employed since: _____ Occupation: _____

2. Salary: _____ Base Pay Rate: _____

Date present rate was effective: _____

Average hours per week: _____

3. Total monthly income/assistance: _____

4. Type of Assistance: _____

Employer/Agency: _____

Title: _____

Bahastl'ah Chapter
Housing Assistance Program

AUTHORIZATION FOR RELEASE OF INFORMATION:

I, _____ hereby authorize the Navajo Nation through the Bahastl'ah Chapter Housing Committee to obtain all pertinent information to complete my application for Housing Assistance. Please forward any and all information including land and household income. I understand and acknowledge this information will be used to determine by eligibility and extent of Housing Assistance through the Navajo Service Agency Office or other Housing Project sources.

The named individual(s) submitted an application to our office for housing assistance with Navajo Nation Bahastl'ah Chapter Housing Assistance Program. We are requesting your department to provide the following information, which will help determine the applicant's qualification.

Name/Chapter: _____

Social Security Number: _____ - _____ - _____

Applied: _____

Date: _____

Pending: _____

Reason: _____

Approved: _____

Date: _____

Occupied: _____

Denied: _____

Date: _____

Reason: _____

Never applied: _____

Other(s): _____

Comments:

Signature of Authorized Representative for NHA

Date

Title

Bahastl'ah Chapter
Housing Assistance Program
HOME ASSESSMENT

Name: _____

Date: _____

Time: _____ AM/PM

Location of Home: _____

Assessment: _____

Do you have a preference or choice of a Vendor? Yes / No

If yes, which do you prefer? _____

Assistance needed? Yes / No

Community Services Coordinator and/or Housing Committee Member

Date