



## HOME SITE BIOLOGICAL CLEARANCE FORM (HSBCF) - REQUEST FORM -



**IMPORTANT: PLEASE SUBMIT REQUESTS THRU YOUR AGENCY HSL OFFICE**

### HOMESITE LEASEE INFORMATION

FIRST NAME/LAST NAME:		
MAILING ADDRESS:		
CITY, STATE, ZIP:		
PHONE NUMBER and/or Email:		
<b>CHAPTER NAME:</b>	<b>COUNTY &amp; STATE OF HOMESITE:</b>	<b>AGENCY:</b>

**NOTE: Processing fee is \$32.50. Please make MONEY ORDER or CASHIER'S CHECK payable to NAVAJO NATION**

### PLEASE CHECK MARK ONE OF THE FOLLOWING:

**NEW HOMESITE LEASE.**  
Site is currently un-occupied by resident.

**OCCUPIED HOMESITE LEASE.**  
Site is currently occupied by resident.

**OTHER (to be filled out by HSL Office):**

YEAR OCCUPIED: \_\_\_\_\_

- NLD OFFICE PLEASE COMPLETE -	- NNHP USE ONLY -
PREPARED BY: <ul style="list-style-type: none"> <li><input type="checkbox"/> CHINLE NLD</li> <li><input type="checkbox"/> CROWNPOINT NLD</li> <li><input type="checkbox"/> SHIPROCK NLD</li> <li><input type="checkbox"/> TUBA CITY NLD</li> <li><input type="checkbox"/> WINDOW ROCK NLD</li> </ul>	FILE# _____
MONEY ORDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	MO# _____
MO# _____	RECEIVED BY: <input type="checkbox"/> EMAIL <input type="checkbox"/> DROP-OFF by: _____
INDICATE RCP AREA # _____	DATE RECEIVED @ NNHP:
FORM VERIFIED BY: ( PLEASE INITIAL & DATE):  _____	