



BAHASTL'AH CHAPTER PROJECT APPLICATION

FY-20-_____

<input type="checkbox"/>	Housing Discretionary	<input type="checkbox"/>	Bathroom Addition	<input type="checkbox"/>	Land Survey	<input type="checkbox"/>	Archaeological Clearance	<input type="checkbox"/>	Utilities (water, electricity)	<input type="checkbox"/>	Other:
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You are required to attend *both* the Planning AND Regular Chapter Meetings. Indicate the dates you attended each meeting:
 Planning Meeting: _____ Regular Meeting: _____

COPIES OF THE FOLLOWING MUST BE ATTACHED TO APPLICATION:

<input type="checkbox"/> Certificate(s) of Indian Blood (for all household members)	<input type="checkbox"/> Home Site Lease	<input type="checkbox"/> Proof of Voter Registration
<input type="checkbox"/> SS card(s) (for all household members)	<input type="checkbox"/> Map to location	<input type="checkbox"/> Consent Form (attached)
<input type="checkbox"/> Three (3) quotes (less than 3 will disqualify your application)	<input type="checkbox"/> Referrals	<input type="checkbox"/> Last Assisted: _____

A. APPLICANT INFORMATION:

MARITAL STATUS: () SINGLE () MARRIED () WIDOWED
 NAME: _____ Mailing Address: _____
 CENSUS #: _____ SSN: _____ DOB: _____ Home/Cell PHONE: _____
 Residential Address: _____
 How long have you lived at this location? _____ Are you a Registered Voter at Bahastl'ah? () Yes () No
 NAME OF SPOUSE: _____ CENSUS #: _____ SSN: _____ DOB: _____

B. FAMILY INFORMATION: (List all persons living with you, including yourself)

	<i>Name</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Census No.</i>
1.				
2.				
3.				
4.				
5.				

C. HOUSING INFORMATION:

Explain the reason you are requesting for assistance. Explain your need; provide the location of your residence, and give directions to your home.

Electricity available? () Yes () No Utility Company: _____
 Water Source: () Private () Community Tank () Other: _____
 Number of Bedrooms: _____ Bathroom facilities: () Indoor () Outdoor

D. LAND INFORMATION: What Land Status do you currently reside on?

() Individual Trust Land () Tribal Trust Land () Individual Restricted
 () Tribal Fee Land () Other(explain): _____

E. APPLICATION CERTIFICATION:

I certify that based on my knowledge, and in good faith, the statements and information contained in this submittal are true, accurate, and complete.

 Applicant Signature Date Co-Applicant Signature Date

MAP TO HOME LOCATION

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

	N	
W		E
	S	

Explain your request for assistance (*What happened? Where did it happen? When did it happen? How did it happen?*):

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize Bahastl'ah Chapter to obtain all pertinent information needed to complete my Application for Assistance. I understand and acknowledge this information will be used to determine my eligibility.

Applicant Signature

Date

HOME ASSESSMENT

DATE: _____

Name: _____ Time of Assessment: _____ PICTURES? () Yes () No

Physical location of the residence:

ASSESSMENT NOTES:

MATERIALS AVAILABLE (Do not need to be ordered):

<input type="checkbox"/> Nails	<input type="checkbox"/> Plywood	<input type="checkbox"/> Posts / Fencing
<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Wafer Boards	<input type="checkbox"/> Joint Compound
<input type="checkbox"/> Base Boards	<input type="checkbox"/> Brushes / Rollers	<input type="checkbox"/> Taping Paper
<input type="checkbox"/> Roofing Paper	<input type="checkbox"/> Felt Paper	<input type="checkbox"/> Tiles / Flooring
<input type="checkbox"/> Cement	<input type="checkbox"/> Sand / Gravel	<input type="checkbox"/> Lumber (Size)
<input type="checkbox"/> Doors: Interior: _____ Exterior: _____	<input type="checkbox"/> Metal Edging	<input type="checkbox"/> Screws
<input type="checkbox"/> Windows	<input type="checkbox"/> Corner Beads	<input type="checkbox"/> Cinder Blocks
<input type="checkbox"/> Paint: Interior: _____ Exterior: _____	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

MATERIALS NEEDED:

Project Coordinator Date

Community Service Coordinator Date

Homeowner Date



Bahastl'ah Chapter



Post Office Box 4424
Yahtahey, New Mexico 87375
Phone: 505-735-2600 Fax: 505-735-2605

CONSENT FORM

Bahastl'ah Chapter produces a range of communications resources for the Chapter Officials, Chapter Administration, and Community members at regularly and unplanned meetings. At times, it is necessary to share personal information, including names, physical addresses, phone numbers, household member information, and the like. At other times, photos or video material may be shared. By completing this form, you give us permission to use your information in our communications.

FULL NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

Please check the options you consent to sharing:

- Community Presentations – Pictures / Video footage
- Chapter meeting handouts
- Chapter meeting Agendas and Minutes posted in Chapter lobby

You may choose to have your name and information published or remain anonymous. *Please check one of the following options:*

- Yes, Bahastl'ah Chapter **MAY** use my name, information, and/or pictures and videos
- No, **I do NOT** want my name, information, and/or pictures and videos to be made available. List all family members this will apply to:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please sign this form to give permission for your name, information, and/or pictures or video footage to be used by Bahastl'ah Chapter for the purposes outlined above. You may withdraw your consent at any time by notifying Chapter Administration.

Signature

Date

Community Service Coordinator

Date

The information you provide here will only be used to contact you about sharing your information in our communications. We will not pass the details recorded on this form on to any other organization without your permission. Please return your completed form to the Community Service Coordinator, Bahastl'ah Chapter. Thank you. If you have any questions about the form, please notify us at (505) 735-2600.