



BAHASTL'AH CHAPTER

PROJECT APPLICATION

FY-20-_____

<input type="checkbox"/> Housing Discretionary	<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)

Name	Date of Birth	Relationship	Census No.
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.



Bahastl'ah (Twin Lakes) Chapter
PO Box 4424 Yahtahey, NM 87375
E-mail: twinlakes@navajochapters.org
Phone: (505) 735-2600
Fax: (505) 735-2605



HOUSING DISCRETIONARY FUND POLICY

I. PURPOSE

The Housing Discretionary Fund shall provide housing improvement opportunities to registered voters with the Bahastl'ah (Twin Lakes) Chapter to assist with repairs on an existing home, renovation, addition, and electrical wiring. The Housing Discretionary Fund assistance is based solely on availability of funds for each fiscal year beginning October 1st and ending in September 30th. The Chapter can assist up to and not exceed one thousand dollars for (\$1,000.00) materials needed per household, once every two years. The chapter will pay the Vendor for home improvement materials, not the applicant.

II. ELIGIBILITY CRITERIA

A. To be eligible to receive Housing Discretionary Funds, an applicant must be:

1. A registered member/voter of Bahastl'ah (Twin Lakes) Chapter for at least one fiscal year prior to apply for assistance.
2. Must have a Certificate of Indian Blood (CIB).
3. Must have a Social Security Card.
4. The home must be the primary/permanent residence of the applicant (not seasonal or temporary) located within the interior boundaries of Bahastl'ah (Twin Lakes) Chapter.
5. Applicant(s) shall attend both the Chapter Planning Meeting and Regular Meeting for final approval.
6. Pictures of repairs needed on the home will be taken before and after the project is completed.
7. The Elderly, Veterans, or Individuals with a disability will be considered priority.

III. CATEGORIES AND DEFINITIONS

Category A:

Comprises of minor repairs and maintenance for an existing occupied home. It will consist of renovation projects; minor plumbing repairs (lavatory fixtures), interior and exterior weatherization projects, ceiling and floor repairs. Materials/supplies shall not exceed \$1,000.00. If the materials exceed over \$1,000.00, the applicant will be responsible to pay the difference of the amount owed to the Vendor. Mobile Home, NHA Mutual Help Homes and Modular Home must show proof of Title or Lien Release from the Finance Company or other previous owner to be eligible for assistance and the homes must have a solid foundation.

Caveat:

Applicants requesting for a complete home will be referred to the appropriate resources, (i.e. Housing Improvement Program (HIP), Community Housing and Infrastructure Department (CHID), the Navajo Department of Emergency Management, Navajo Housing Authority, the Community Health Representative, the Senior Center, Southwest Indian Foundation, the Red Cross, etc.).

SELECTION CRITERIA AND PROCEDURES

A. All Community Members will be allowed to apply for assistance and all assistance will be based on the eligibility criteria and availability of funds.

B. Procedures:

1. Applicants shall complete and submit a signed Housing Discretionary Application and required documents to the Community Services Coordinator (CSC) for review.
2. The CSC will screen, review, and verify all information; All incomplete applications will be reviewed with the applicant by the Chapter Administration, the applicant will be allowed to resubmit their application with all required documents per instruction by the Chapter Administration;
3. For completed applications, a pre-assessment and visitation to the home of the applicant will be conducted by the Chapter Administration within five business days;
4. The applicant will provide three vendor quotes of material listing for their home renovation/repairs and submit the quotes to the Chapter Administration;
5. Applicant must attend the Bahastl'ah (Twin Lakes) Chapter Planning Meeting to request for assistance from Community Members;
6. The applicant(s) who attend the Planning Meeting will be placed on the agenda for the Chapter Regular Meeting to have their request considered and approved by the Community Members;
7. Upon approval of the applicant's assistance request, a check will be issued to the Vendor to purchase materials (check will not be issued to the applicant);
8. After purchasing materials, the applicant must return the original receipt to the Administration.
9. The applicant is responsible to arrange for the delivery of materials and shall be used within ninety (90) days from the date purchase; A post-assessment and visitation to the home of the approved applicant will be conducted by the Chapter Administration;
10. When an applicant fails to use the materials within the ninety (90) days he/she shall forfeit any future housing discretionary assistance.
11. The CSC will provide a report of all activities and a final project report to community members at a regularly scheduled Planning Meetings to be filed with the Chapter Administration.

V. PROJECT EXTENSION

A project may extend beyond its original completion due date (within ninety (90) days from the date of purchase) for various reasons such as inclement weather, emergencies, and unforeseen circumstances. The Chapter Officials and CSC will approve project extension based on the following:

- A. Request is made by the applicant to extend the project;
- B. Legitimate justification on the extension of the project;
- C. Extension is within a reasonable time;
- D. No additional funding to the project.

VI. AMENDMENTS

The Housing Discretionary Fund Policy may be amended from time to time as recommended by the Community Services Coordinator, the Chapter Officials, and as approved by Registered Chapter members at a duly-called Chapter Planning Meeting and Regular Meeting.

Resolution No.: BAH-25-08-13-38

Approved on: August 13, 2025

Regular Chapter Meeting Date: August 13, 2025

Motioned by: Thomasina Willie

Seconded by: Roy Lee Yazzie

Vote Count: 30-02-03