



# BAHASTL'AH CHAPTER PROJECT APPLICATION

FY-19-\_\_\_\_\_

<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"/> Head of Household's Certificate of Indian Blood	<input type="checkbox"/> Home Site Lease (Electricity, Water)	<input type="checkbox"/> Proof or Verification of Voter Registration for Head of Household
<input type="checkbox"/> Head of Household's SS card	<input type="checkbox"/> Map to location	<input type="checkbox"/> Consent Form (attached)
<input type="checkbox"/> Three (3) quotes ( <i>less than 3 will disqualify your application</i> )	<input type="checkbox"/> Referrals, if applicable	<input type="checkbox"/> Last Assisted: _____

**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: \_\_\_\_\_

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

Name	Date of Birth	Relationship	Census No.
1.			
2.			
3.			
4.			
5.			

**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

**LAND INFORMATION:** What is the Land Status you currently reside on?

( ) Individual Trust Land ( ) Tribal Trust Land ( ) Individual Restricted  
( ) Tribal Fee Land ( ) Other(explain): \_\_\_\_\_

**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/Head of Household Signature Date

**MAP TO HOME LOCATION**

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

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	N	
W		E
	S	

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

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize Bahastl'ah Chapter to obtain all pertinent information needed to complete my Project 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

Is applicant requesting assistance from PEP workers? ( ) Yes ( ) No

Was applicant informed that they are responsible for picking up their own building materials? ( ) 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:

- |                                                                 |                                            |                                           |
|-----------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| <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 |
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| <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:           |

### ADDITIONAL MATERIALS NOT LISTED ABOVE THAT WILL BE NEEDED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Project Coordinator Date

\_\_\_\_\_  
Community Service Coordinator Date

\_\_\_\_\_  
Homeowner Date



# Bahastl'ah Chapter



Post Office Box 4424  
Yah-ta-hey, 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: \_\_\_\_\_

You may choose to have your name and information published or remain anonymous.

Please check 'Yes' or 'No' to one of the following options:

- Yes, Bahastl'ah Chapter **MAY** use my name, information, and/or pictures and videos. Check the boxes for **consent** to sharing:
  - Community Presentations – Pictures / Video footage
  - Chapter meeting handouts
  - Chapter meeting Agendas and Minutes posted in Chapter lobby

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.