

PO Box 1088, Kayenta, AZ 86033
1 Mile North US HWY 163
kayenta@navajochapters.org



KAYENTA CHAPTER

DISCRETIONARY ASSISTANCE CHECK OFF LIST

Name of Applicant: _____

Name of Forms		Client Check-off	Chapter Check-off
1	Housing Discretionary Application		
2	Income Verification		
3	Signed Understanding of Policies		
4	Signed Release of Information		
5	Map to Property		
6	Copy of Check Stub (including spouse)		
7	Copy of Valid ID (including spouse)		
8	Evidence of Land Ownership (Homesite Lease or Residential Lease with applicant's name)		
9	Copy of Social Security Card (including spouse)		
10	Copy of Certification of Indian Blood (including spouse)		
11	Copy of Voter Registration Card under Kayenta Chapter House		
13	3 Price Quotes		

Additional Comment(s) or Concern(s):

Document Verified By: _____

Date Received: _____

APPLICATION

All question in this application must be answered

Applicant's Name	_____	Phone #:	_____
Census Number:	_____	Work #:	_____
Date of Birth:	_____	Enrolled Chapter:	_____
Spouse's Name	_____	Phone #:	_____
Census Number:	_____	Work #:	_____
Date of Birth:	_____		
Mailing Address:	_____	City:	_____
		State:	_____
		Zip Code:	_____

Land Information
Check off those that apply
<input type="checkbox"/> Home Site Lease

Type of Residence:
Check off those that apply
<input type="checkbox"/> Hogan
<input type="checkbox"/> Trailer
<input type="checkbox"/> House

Household Information		
Name of each household member including self	Gross Monthly Income	Source of Income

Note: An elderly person is a person of 65 years of age or older. Determination whether a resident in the household is handicapped can be made in any of the following:

- 1.) They provide a copy of a letter from the Veteran's Administration that is a percentage of disability letter or
- 2.) The social security benefit verification letter under section 1.e10 indicates payments are for disability or
- 3.) Written determination from Federal State or other agency providing assistance for handicapped Person or
- 4.) The subgrantee observes a visible handicap

AGREEMENT
I, subscribe and affirm, under the penalties of law, that the statements made in this application for Housing Assistance (Including statements made in any accompanying papers) have been examined by and to the best of my knowledge and belief are true and correct. Prior to any construction, I agree to notify the Chapter of any changes in the information in this application. I understand that by signing this application, I consent to any inquiry to very or confirm the information I have given. I understand that does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the applications received, the remaining available funds and the priorities to be met by the Housing Discretionary Assistance Program
Applicant's Signature: _____

Kayenta Chapter Housing Discretionary Fund Assistance Program

Authorization for Release of Information

I, _____, hereby authorize the Kayenta Chapter to obtain and verify all necessary information for completion of my housing assistance application including but not limited to information on my and interest and household income. Further, I hereby release all persons and organizations from liability for providing legally-relevant information in connection with my housing application. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Kayenta Chapter or other housing project sources.

Applicant Signature: _____

Co-Applicant Signature: _____

Date: _____

Acknowledgement Form

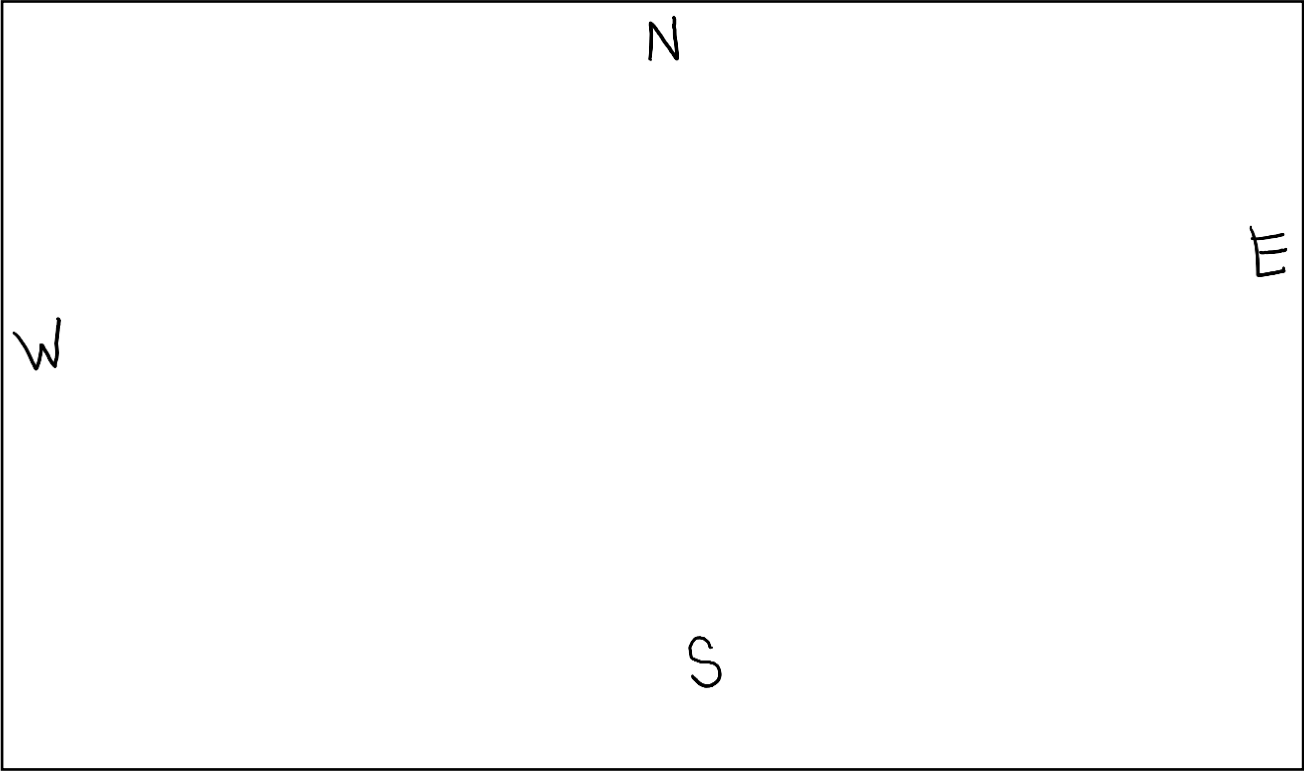
I, _____, have read and understood the Kayenta Chapter Housing Discretionary Fund Policies & Procedures. I will abide by the Policies and Procedures of Kayenta Chapter.

Applicant's Signature: _____

Date: _____

Kayenta Chapter Housing Fund Assistance

MAP TO PROPERTY



What is the Project?

Physical Location (please attach pictures of location)

Applicant's Name:
