



P.O. Box 708
Crownpoint, NM 87313
Phone: 505-786-2283/2284
Fax: 505-786-2285
Email: becenti@navajochapters.org

BECENTI CHAPTER
Housing Discretionary Application Packet

Name of Applicant:

All required information must be completed and returned to chapter administration before the Chapter Planning Meeting.

- _____ 1. Housing Application (Required)
- _____ 2. Income Verification Statement (most recent)
- _____ 3. Evidence of Land Ownership/Homeownership (Required)
- _____ 4. Authorization for Release of Information
- _____ 5. Map to Property/Certification Sheet must be signed
- _____ 6. Social Security Card for each household member (Required)
- _____ 7. Certificate of Indian Blood "CIB" for each household member (Required)
- _____ 8. Referral from Physicians, Social Worker, Community Health Representative, or other entity (if applicable)
- _____ 9. A list of materials. (Required three (3) quotations)

Type of home improvement assistance being requested:

- _____ 1. Minor Repairs: Interior Walls/Window/Door/Floor Tile/Cabinets/Plumbing/etc.
- _____ 2. Minor Repairs: Exterior Walls/Stucco/Panels/Roofing/Sheet Rock/etc.
- _____ 3. Major Interior Repairs: _____
- _____ 4. Major Exterior Repairs: _____
- _____ 5. Other: _____

Chapter Administration Only

Planning Meeting: _____ Approved: _____

Regular Chapter Meeting: _____ Ineligible: _____

Amount Approved: _____

Eligibility Comments: _____

Becenti Chapter Housing Discretionary Fund Assistance Application	Application Number: _____	
Name: _____ Telephone Number: _____		
Census Number: _____ Work or Message: _____		
Date of Birth: _____		
Spouse's Name: _____ Census Number: _____		
Date of Birth: _____		
Mailing Address:		
P.O. Box	City	
State	Zip Code	
Enrolled at Becenti Chapter since: _____		
Type of Residence <input type="checkbox"/> Room <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Multiple Dwellings	Housing Information Yes No <input type="checkbox"/> <input type="checkbox"/> Electricity <input type="checkbox"/> <input type="checkbox"/> Indoor Plumbing <input type="checkbox"/> <input type="checkbox"/> Water Available <input type="checkbox"/> <input type="checkbox"/> Wood/Coal Stove <input type="checkbox"/> <input type="checkbox"/> Propane/Pellet/Natural Gas Stove <input type="checkbox"/> <input type="checkbox"/> Furnace <input type="checkbox"/> <input type="checkbox"/> Bathroom(s) <input type="checkbox"/> <input type="checkbox"/> Primary Residence	Land Information Yes No <input type="checkbox"/> <input type="checkbox"/> Do you own the land? <input type="checkbox"/> <input type="checkbox"/> Home Site Lease? <input type="checkbox"/> <input type="checkbox"/> Residential Lease? <input type="checkbox"/> <input type="checkbox"/> Leasehold Interest? <input type="checkbox"/> <input type="checkbox"/> Land Use Permit?

Name of each household member	Age	Sex M/F	Social Security Number	*	Relationship to Head of Household	Gross Monthly Income	Source of Income

* Check if verified by medical statement of referral. Please attach.

Applicant's Signature: _____ Date: _____

Applicant's Representative: _____ Date: _____

Income Verification Statement Form

Becenti Chapter is requesting your assistance to verify income information for the above-named applicant whom is applying for Housing Discretionary Fund Assistance. All information needed is at the bottom of this page. Be assured that the information you have provided will be kept confidential and will only be used to determine eligibility for this name-individual for assistance. Your cooperation and prompt response of this request is much appreciated.

Applicant listed authorizes written verification of income.

Signature of Applicant Date

Chapter Administration Use Only

Applicant Income Information: Type of income

- | | | | |
|---|-------------------------------------|---|--------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> SSI | <input type="checkbox"/> General Assistance | \$ _____ per hour |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Retirement | | \$ _____ weekly |
| <input type="checkbox"/> Currently Employed _____ | | | \$ _____ bi-weekly |
| <input type="checkbox"/> Other _____ | | | \$ _____ annually |

Is income taxable? Yes No

Employer's Information:			
Employer's Name	Address	Contact Information	Supervisor's Name

Public Assistance Program:			
Provider	Address	Contact Information	Case Worker

Additional Information if necessary:

Chapter Administrative Personnel:

Name/Title	Telephone Number	Date
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Homeowner Certification

Homeowner must complete.

I/We _____ certify that I/we am/are the own(s) of the named property at _____ located within the Becenti Chapter jurisdiction.

Land ownership can be verified through (check one):

- Home Site Lease Grazing Permit
 Land Use Permit Other _____

Permission to Enter Premises

I, as owner/authorized agent for the building located at _____ have read and understand the above and hereby grant permission for representative of Becenti Chapter to enter the premises when I am present for the purpose of collecting eligibility documentation from the residents and conducting a work plan which may include an assessment for housing renovation.

Authorization for Release of Information

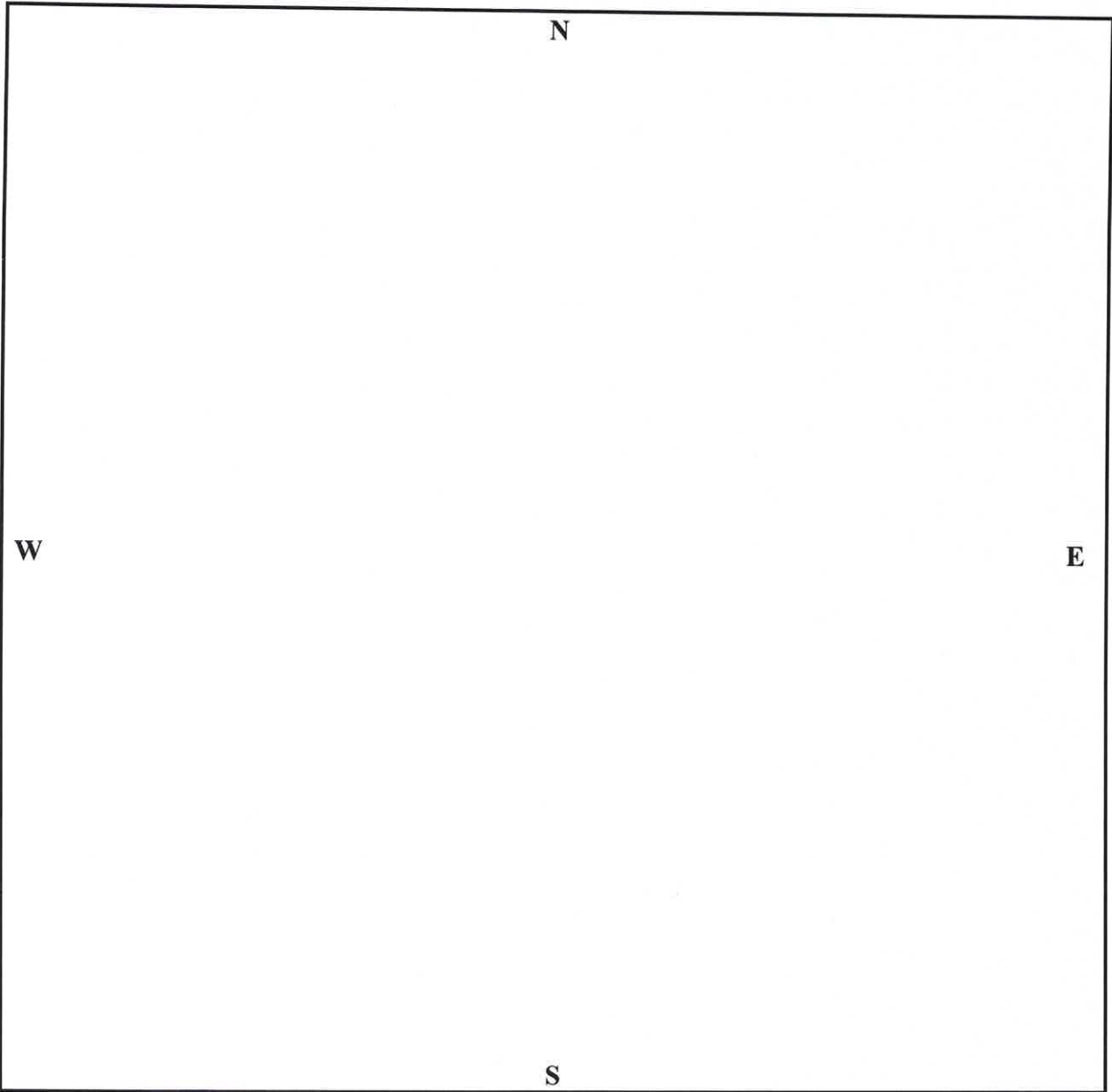
I, _____, hereby authorize the Navajo Nation through Becenti Chapter Housing Discretionary Fund Assistance to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household income. I understand and acknowledge this information will be used in determining my eligibility and extent of the Becenti Chapter Housing Discretionary Fund Assistance through Becenti Chapter or other housing project sources.

Signatures: _____
Applicant's Signature

Co-Applicant's Signature

Date

Map to Property
Project Site Locations



Physical Address: _____

Certification Sheet

Type of Labor to be utilized:

- Public Employment Program (PEP): _____
 - Self-Help: _____
 - Church Group: _____
 - Contractor: _____
 - Other: _____
-

Certification

Read this certification carefully before you sign and date your application. Sign in ink.

I, subscribe and affirm, under the penalties of law, that the statements made in this application for Becenti Chapter Housing Discretionary Fund Assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Prior to any construction, I agree to notify Becenti Chapter of any changes in the information in this application. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

The potential assistance will have no effect upon my social security, public assistance, or any other income I receive. The construction work done will not obligate me financially and no in lien or mortgage will be placed on the property, unless false or inaccurate information has been provided to make me ineligible for this assistance. I will be held liable for any injury or damages occurring on my property which is the result of my negligence or malfeasance. I hereby give my permission to allow work and monitoring or work on the property listed in this application. I understand that it is the dwelling occupant responsibility to discover and correct unsafe or non-compliant conditions which exists apart from the construction work.

I understand that this application for Becenti Chapter Housing Discretionary Fund Assistance 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 Becenti Chapter Housing Discretionary Fund Assistance in accordance to policies and procedures.

Applicant's Signature: _____ Date: _____

Applicant's Representative: _____ Date: _____