

**TSE'LICHII CHAPTER
DISCRESTIONARY HOUSING FUND ASSISTANT PROGRAM**

Applicants Name: _____ Census #: _____ Date of Birth: _____ Spouse's Name: _____ Census #: _____ Date of Birth: _____ Applicants Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Chapter Enrolled At: _____	Home Telephone #: _____ Work / Message #: _____ Rural Address: _____ Voter Registration: _____
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<u>Type of Assistant</u> <input type="checkbox"/> Housing Materials <input type="checkbox"/> Legal Survey <input type="checkbox"/> Arch Survey <u>Type of Residence</u> <input type="checkbox"/> Owner <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Multiple Dwelling	<u>Housing Information</u> Y / N (Chick boxes that apply) <input type="checkbox"/> Electricity <input type="checkbox"/> Indoor Plumbing <input type="checkbox"/> Water Available <input type="checkbox"/> Wood / Coal Stove <input type="checkbox"/> Furnace <input type="checkbox"/> Bedroom (s) (# _____) <input type="checkbox"/> Primary Residence <input type="checkbox"/> DHF Assistance, When _____	<u>Land Information</u> Y / N (Check boxes that apply) <input type="checkbox"/> Do you own the land? <input type="checkbox"/> Do you have Home Site Lease? <input type="checkbox"/> Do you have Residential Lease? <input type="checkbox"/> Do you have Lease-hold Interest? <input type="checkbox"/> Do you have a use permit?				
Name of each household member	Age	Gender M / F	Social Security #	Relationship To Head of House	Gross Monthly Income	Source of Income

- Check () If claiming disability. Will be verified by medical doctor.

Applicants Signature

I, _____, affirm under the penalties of law, that the statements made in this application for Housing Improvement Assistance (including accompanying statements) have been examined by me and the best of my knowledge and behalf are true and correct. Prior to any contract, I agree to notify the Chapter of any changes in this application. I understand that by signing this application, I consent for verification or conform the information given on injury (ies). I understand that this application for Housing Improvement Assistance does not guarantee that assistance will be granted, nut will to determine eligibility to the program in any other purpose but solely for the Chapter Discretionary Housing Fund.

Applicants Signature: _____ Date: _____

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Required Document Checklist

I. Housing Materials

1. _____ Complete Housing Improvement Assistance Application Form
2. _____ Housing Income Verification for Applicant
 - Check Stub
 - Award Letter
 - Statement
3. _____ Certificate of Indian Blood (CIB)
4. _____ Evidence of Land Ownership
 - Copy of Home Site Lease
 - Copy of Residential Lease
 - If there is not lease a copy of grazing permit, or other heir papers w/ application name shall be used
5. _____ Doctor's State on Disability
6. _____ Photos
7. _____ Price quotes of materials for three (3) local lumber companies
8. _____ Navajo Nation Voters Registration

II. Legal Survey

1. _____ Complete Housing Improvement Assistance Application Form
2. _____ Housing Income Verification for Applicant
 - Check Stub
 - Award Letter
 - Statements
3. _____ Certificate of Indian Blood (CIB)
4. _____ Copy of Residential / Home Site Lease Summary
5. _____ Navajo Nation Voters Registration

III. Arch Clearance

1. _____ Complete Housing Improvement Assistant Application Form
2. _____ Housing Income Verification for Application
3. _____ Certificate of Indian Blood (CIB)
4. _____ Copy of Legal Survey Plat
5. _____ Navajo Nation Voter Registration

- **NOTE: Assistance with Housing Improvement material is allowed to eligible homeowners and shall be the Tse'Lichii Home Improvement Committee.**