

TÍIS TSOH SIKAAD CHAPTER
Housing Assistance Application

Name: _____

CHECKLIST OF REQUIRED DOCUMENTS

- Housing Application
- Income Verification Statement (Check Stub)
- Evidence of Land Ownership
- Authorization for Release of Information
- Map to Property
- Copy of Social Security Card for applicant only
- Copy of Certificate of Indian Blood (CIB) for Each Household Member
- Referrals from Physicians, Social Worker, Community Health Representative, or other Entity
- Veterans Housing Assistance? Yes - Must attach copy of DD-214 No

TÍIS TSOH SIKAAD CHAPTER HOUSING DISCRETIONARY REVIEW

CHAPTER MANAGER

DATE

CATEGORIES

- A-Minor Repairs
- B-Major Repairs
- C-Pro Panel Roof
- D-Arch Clearance
- E-Wood/Coal Stove
- F-Pellet Stove
- G-Handicap Ramp

TÍIS TSOH SIKAAD CHAPTER
Housing Assistance Application

- All questions in this application must be answered. Read instruction before completing this form.
- Read the certification carefully before you sign and date your application. Sign in ink.

A. APPLICATION INFORMATION

1. NAME: _____
Last First Middle Maiden Name (if applicable)

2. CURRENT ADDRESS: _____

3. DATE OF BIRTH: _____ 4. SOCIAL SECURITY NUMBER: _____

5. NAVAJO NATION CENSUS NO. _____ 6. TELEPHONE NO. _____

7. MARITAL STATUS: [] Married [] Single [] Widowed

8. NAME OF SPOUSE: _____
Last First Middle Maiden Name (if applicable)

9. DATE OF BIRTH: _____ 10. SOC. SEC. NO. _____

11. NAVAJO NATION CENSUS NO. _____

B. FAMILY INFORMATION

List all other persons living in household on a permanent basis starting with the eldest.

Name	Date of Birth	Relationship To Applicant	Navajo Nation Census No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. INCOME INFORMATION

1. Earned Income: Start with applicant, then list all permanent family members 18 years old and above, who are listed under Part B and have earned income.

Provide W-2 Forms, wage stubs, etc. for verification.

NAME	ANNUAL	SOURCE
_____	_____	_____
_____	_____	_____

TOTAL ANNUAL EARNED INCOME \$ _____

2. Unearned Income. Start with applicant, then list all permanent family members 18 years old and above, who are listed under Part B and have unearned income such as social security, retirement, disability, and unemployment benefits, child support, and alimony, royalties, per capita payments, interests, etc.

NAME	ANNUAL	SOURCE
_____	_____	_____
_____	_____	_____
TOTAL ANNUAL UNEARNED INCOME		\$ _____
TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (Earned Income + Unearned Income)		\$ _____

D. HOUSING INFORMATION

1. Physical location of the house to be repaired or constructed.

2. Is electricity available? Yes / No Name of Utility Company _____

3. Water Source: Cistern System [] Other [] Name of Utility Company: _____

4. Bathroom Facilities: Yes / No

E. LAND INFORMATION

1. Do you have home site lease/ownership title on which you wish to renovate or build this house? Yes / No

If no, provide name of owner or owners: _____

F. GENERAL INFORMATION

1. To your knowledge, has the house which you are asking assistance for repair ever been provided Housing Assistance before? Yes / No If yes, indicate amount, to whom & when

2. Do you own any other house(s)? Yes / No

If yes, state where the house is located and by whom it is occupied. _____

3. If you are requesting assistance for a new housing unit, have you applied for assistance from an Indian Housing Authority, a Tribal Credit Program, or a private lending institution? Yes / No

If yes, provide date of application, written proof of denial from these sources or any other source not listed.

4. Does anyone in your family who is a permanent resident listed under Parts A and B of this application has a severe health problem, handicap, or permanent disability? Yes / No
If yes, provide name and other description of such with certified documentation.

G. APPLICANT CERTIFICATION

I certify that all of the answers given are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Applicants Signature: _____ Date: _____

Spouses Signature (if applicable) _____ Date: _____

H. AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize the Tíís Tsoh Sikaad Chapter to verify the information given in my housing application. Further, I hereby release all persons and organizations from liability for providing legally relevant information in connection with my housing application.

Applicants Signature: _____ Date: _____

Spouses Signature (if applicable) _____ Date: _____

I. TYPE OF ASSISTANCE

Briefly indicate type of assistance being requested. Be Specific. _____

J. LABOR TO BE UTILIZED:

PEP Self Family Members Other: _____

This information is being collected to select eligible families/individuals to participate in the Tíís Tsoh Sikaad Chapter Housing Assistance program. This information will be used to determine the eligibility of the applicants. Response to this request is required to obtain a benefit.

TÍIS TSOH SIKAAD CHAPTER
Housing Assistance Application

Map to Property
(Project Site Location)

