



WHITE CONE CHAPTER

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**WHITE CONE CHAPTER
HOUSING DISCRETIONARY**

APPLICANT(S) _____

CHECK OFF SHEET

- _____ COMPLETE HOUSING APPLICATION
- _____ AUTHORIZATION FOR RELEASE OF INFORMATION
- _____ PERMISSION TO ENTER PREMISES
- _____ MAP TO PROPERTY
- _____ INCOME VERIFICATION (check stub, SS income, employment income, etc.)
- _____ HOMESITE LEASE (copy of original document)
- _____ COPY SOCIAL SECURITY CARD FOR EACH HOUSEHOLD MEMBER
- _____ COPY OF APPLICANTS' CERTIFICATE DEGREE OF INDIAN BLOOD
- _____ REFERRALS FROM PHYSICIAN, SOCIAL WORKER, COMMUNITY HEALTH REPRESENTATIVE
- _____ MATERIAL LISTING (Materials needed for renovation)

APPLICANT: _____ Soc. Sec. # _____ DOB: _____ CENSUS#: _____

CO-APPLICANT: _____ Soc. Sec.# _____ DOB: _____ CENSUS#: _____

ADDRESS: _____ PHONE#: (_____) _____

_____ PHONE#: (_____) _____

PHYSICAL ADDRESS: _____

NAME OF ANY RELATIONS YOU HAVE WHO ARE EMPLOYED BY THE CHAPTER: _____

NAME OF PERSON(S) LIVING IN THE HOUSEHOLD ON A PERMANENT BASIS:

1. _____ DOB: _____ 5. _____ DOB: _____

2. _____ DOB: _____ 6. _____ DOB: _____

3. _____ DOB: _____ 7. _____ DOB: _____

4. _____ DOB: _____ 8. _____ DOB: _____

INCOME INFORMATION OF ALL PERSON(S) OVER 16 YEARS OF AGE LIVING IN THE HOUSEHOLD BEGINNING WITH THE APPLICANT'S INCOME. (ATTACH W-2 FORMS, WAGE STUB, SOCIAL SECURITY STUBS, UNEMPLOYMENT, INSURANCE INCOME, ETC.):

WHO RECEIVES INCOME:

GROSS INCOME:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

TOTAL ANNUAL INCOME: \$ _____



LOCATION OF HOME TO BE RENOVATED (DRAW MAP)

1. ELECTRICITY AVAILABLE:	YES NO	NAME OF UTILITY CARRIER:	_____
2. WATERLINE AVAILABLE:	YES NO	NAME OF UTILITY CARRIER:	_____
3. # OF BEDROOMS:	1 2 3 4 5 6	SIZE OF HOME (IN FEET):	_____
4. DO YOU OWN LAND ON WHICH YOU WISH TO RENOVATE OR BUILD:	YES NO	IF NO, NAME OF OWNER: HOMESITE#:	_____ _____
5. THE LAND IS CURRENTLY:	THE LAND IS POSSESSED PURSUANT TO A:		
<input type="radio"/> Individual Restricted <input type="radio"/> Individual Trust <input type="radio"/> Tribal Restricted <input type="radio"/> Tribal Trust <input type="radio"/> Tribal Fee Simple <input type="radio"/> Fee Patented <input type="radio"/> Other: _____	<input type="radio"/> Leasehold Interest <input type="radio"/> Use Permit <input type="radio"/> Indefinite Assignment or Joint Ownership as Described: _____ _____ _____		
6. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED HOUSING DISCRETIONARY FUNDS BEFORE:	YES OR NO	IF YES, WHO: _____ RECEIVED HOUSING ASSISTANCE IN _____ (YEAR) FOR CONSTRUCTION OR IMPROVEMENTS AT _____	
7. HAS THE HOME FOR WHICH YOU ARE REQUESTING FOR RENOVATION OR CONSTRUCTION EVER FUNDED BY HOUSING DISCRETIONARY WITHIN THE CHAPTER?	YES OR NO	IF YES, NAME OR PERSON WHO RECEIVED FUNDING: _____ YEAR: _____ AMOUNT FUNDED: \$ _____	
8. DO YOU OWN ANY HOMES(S) BESIDES THE ONE YOU CURRENTLY RESIDE IN?	YES OR NO	IF YES, WHERE IS THE HOME LOCATED: _____ AND OCCUPIED BY: _____	
9. HAVE YOU EVER APPLIED FOR ASSISTANCE FROM ANY OF THE FOLLOWING PROGRAMS? (If yes, Please provide denial letters(s) from These sources and attach to application.)	<input type="radio"/> Indian Housing Authority <input type="radio"/> Tribal Credit Program <input type="radio"/> Private Lending Institution <input type="radio"/> Other: _____		
10. DOES ANY FAMILY MEMBER OF YOUR PERMANENT HOUSEHOLD HAVE A SEVERE HEALTH PROBLEM (S), HANDICAP OR PERMANENT DISABILITY?	YES OR NO	IF YES, PLEASE PROVIDE NAME, TYPE OR DISABILITY CONDITION. _____ _____ _____	

I CERTIFY THAT ALL THE ANSWERS GIVEN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT SIGNATURE _____ DATE _____

**WHITE COME CHAPTER
HOUSING DISCRETIONARY FUND**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Navajo Nation through the White Cone Chapter Housing Discretionary Funds to obtain all necessary information for completion Of mu 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 Housing Discretionary Funds through the White Cone Chapter or Other housing project sources.

SIGNATURE: _____

Applicant

Co-Applicant

Date

**WHITE CONE CHAPTER
HOUSING DISCRETIONARY FUND**

PERMISSION TO ENTER PREMISES INTO YOUR HOME

YOUR HOME IS BEING CONSIDERED FOR RENOVATION UNDER THE WHITE CONE CHAPTER/HOUSING DISCRETIONARY FUND. THIS PROGRAM IS FUNDED BY THE NAVAJO NATION, UNDER HOUSING DISCRETIONARY FUNDS AND ADMINISTERED BY THE WHITE CONE CHAPTER.

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
WHITE CONE CHAPTER TO ENTER THIS PREMISES WHEN I AM PRESENT FOR THE PURPOSES OF
COLLECTING ELIGIBILITY DOCUMENTATION FROM THE RESIDENTS AND CONDUCTING A WORK PLAN WHICH
MAY INCLUDE AN ASSESSMENT FOR HOUSING RENOVATION.

Name: _____

Applicant Signature

Date: _____

Name: _____

Co-Applicant Signature

Date: _____

**WHITE CONE CHAPTER
HOUSING DISCRETIONARY**

MAP TO PROPERTY

DRAW DIRECTIONS TO THE ACTUAL PROJECT SITE LOCATION. (I.e., include highway Numbers, route numbers, mile post markers, project detail description to your home site, Indicate house color, roof color, etc.)

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

GPS ID: N _____
W _____



