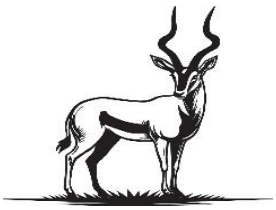
THE NAVAJO NATION

JEDDITO CHAPTER
PO BOX 798
KEAMS CANYON, ARIZONA 86034
(928) 738-2276
jeddito@navajochapters.org



HOUSING DISCRETIONARY FUND ASSISTANCE

NAME OF APPLICANT: _____

REQUIRED DOCUMENTS CHECK OFF – Please attach the following to the completed application:

_____ Valid State Driver's License or Identification Card

_____ Voter's Registration Card

_____ Social Security Card

_____ Homesite Lease (Entire approved packet)

_____ Material Quotations – (3)

_____ Completed application: Make sure all required pages are signed including the notarized form

COMMENT:

_____

_____

_____

_____

_____ _____

Received by: Date

HOME IMPROVEMENT FIELD ASSESSMENT FORM

Date: _____ Assessment by: _____

Type of Home Improvement: _____

Scope of Work:

_____

_____

_____

_____

_____

Project Completed by: _____ Date: _____

Photos: ☐ YES ☐ NO

Comment: _____

_____

_____

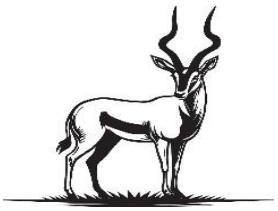
Project Close Out Date: _____

_____ _____

Signature Date

THE NAVAJO NATION

JEDDITO CHAPTER
PO BOX 798
KEAMS CANYON, ARIZONA 86034
(928) 738-2276
jeddito@navajochapters.org



HOUSING DISCRETIONARY APPLICATION

Applicant

Name:	Date of Birth:
Social Security:	Census:
Phone Number:	E-mail:
Mailing Address:	
Physical Address: **Use Jeddito Chapter as starting point**	

Co-applicant

Name:	Date of Birth:
Social Security:	Census:

Name of person(s) living in the household on a permanent basis:

Name	Age	Gender	Social Security	Relationship to applicant	Gross Monthly Income	Source of Income

Have you or anyone in your household received housing discretionary funds before? ☐ YES ☐ NO

If yes, who received the assistance? _____ Month/Year: _____

Do you own any other house(s)?

☐ NO, I DO NOT own any other house(s).

☐ YES. Location of house(s): _____

Do you have an approved home site lease? ☐ YES ☐ NO

If no, please provide us with the home owner's name: _____

Any member of your household has a severe health problem or permanent disabilities?

☐ YES ☐ NO

Type of home: ☐ Log Cabin ☐ JUA Home ☐ Frame House
☐ Trailer ☐ Hogan ☐ Other _____

Size of home (footage): _____

How many bedrooms? _____ How many bathrooms? _____

Does the toilet work? ☐ YES ☐ NO ☐ NOT APPLICABLE

Does the shower work? ☐ YES ☐ NO ☐ NOT APPLICABLE

What type of sewer system do you have?

☐ Septic/Cistern System ☐ Composite Toilet ☐ Other _____

What type of water system do you have?

☐ NTUA ☐ Private well ☐ Community well ☐ Other _____

Electricity available? ☐ YES ☐ NO Waterline available? ☐ YES ☐ NO

_____ Category A: Minor repairs and maintenance type of work for an occupied existing house.

_____ Category B: Major repairs of occupied existing house to bring the structure up to safe and livable conditions. This may also include plumbing and electrical work.

Land Ownership:

____ Home Site Lease ____ Residential Lease
____ Leasehold Interest ____ Grazing Permit ____ Other: _____

Current Land Status:

____ Tribal Trust ____ Individual Trust ____ NPL

THE
NAVAJO
NATION

JEDDITO CHAPTER
PO BOX 798
KEAMS CANYON, ARIZONA 86034
(928) 738-2276
jeddito@navajochapters.org

AGREEMENT FOR LABOR WORK

Upon approval of my Application for Housing Discretionary Assistance, the following individual(s) will assist me with the labor, construction, renovation or service(s):

1. _____
2. _____
3. _____
4. _____

The above-mentioned individual(s) have committed and agreed to perform the work as described:

_____

_____

_____

_____

_____

_____

_____

_____

We/I understand that any required work must be completed within four (4) months after the materials and supplies are delivered. The Jeddito Chapter makes no commitment as to any workforce or labor necessary to perform or complete any work required as a part of our/my Application for Housing Discretionary Assistance.

Work is projected to be completed by: _____

_____ _____
Applicant's Signature Date

_____ _____
Co-Applicant's Signature Date

THE
NAVAJO
NATION

JEDDITO CHAPTER
PO BOX 798
KEAMS CANYON, ARIZONA 86034
(928) 738-2276
jeddito@navajochapters.org

PROJECT LOCATION MAP

(Note: Using Jeddito Chapter as the starting point, provide the location to your residence)

DESCRIPTION OF HOME: _____

MATERIAL LISTING

List the material description and quantity of supply necessary to complete the work proposed on your application. Monetary assistance based on the amount you are approved; you may be requested to reduce the quantity or delete items. Please print legibly and adequately describe each item.

Does the Primary Applicant have the proper transportation to transport the materials and/or supplies?
☐ YES ☐ NO. If no, how does the Applicant propose to have the material or supplies delivered:

_____

QTY	DESCRIPTION OF ITEM	(CHAPTER USE) REDUCE/DELETE
	Use The Material List to Obtain Your Quotations	

THE NAVAJO NATION

JEDDITO CHAPTER
PO BOX 798
KEAMS CANYON, ARIZONA 86034
(928) 738-2276
jeddito@navajochapters.org

AUTHORIZATION TO ENTER PREMISES

We/I, _____, hereby authorize and grant permission to THE NAVAJO NATION, JEDDITO CHAPTER, ITS EMPLOYEES, AND ITS REPRESENTATIVE to enter in, upon, and around the premise, described as _____
_____
and located at _____
_____
for the purpose of obtaining, documenting, and verifying any and all information concerning the house, building, or structure for which assistance is being requested through the Jeddito Chapter Housing Discretionary Assistance fund.

We/I, understand and acknowledge that the site visit/inspection is necessary to determine the scope of work to be done and if our/my request for assistance is approved, to conduct an inventory of the material and supply, to inspect the work completed and to finalize a project close-out report. We/I do hereby release from any and all liability and hold harmless all persons or entities exercising any and all lawful action, conduct, and privilege pursuant to this Authorization to Enter Premise.

We/I further understand that the primary homeowner must be present during the site visit/inspection and that only two attempts will be made for the site visit/inspection; otherwise, my/our application for Housing Discretionary Assistance will not be considered.

We/I agree that a xerographic or photocopy of this Authorization to Enter Premise shall be valid and binding even though the original document containing my original signature is not presented or produced and shall be considered in lieu thereof.

Primary Homeowner: _____ Date: _____

Secondary Homeowner: _____ Date: _____

Homesite Lease No. _____

THE NAVAJO NATION

JEDDITO CHAPTER
PO BOX 798
KEAMS CANYON, ARIZONA 86034
(928) 738-2276
jeddito@navajochapters.org

INCOME VERIFICATION STATEMENT

Name:	Date of Birth:
Social Security:	Census:
Mailing Address:	

The Jeddito Chapter is requesting your assistance to verify income information for the above-named applicant. To assist our Chapter and the Housing Discretionary applicant, we are asking you to provide us with income information as requested at the bottom of this page. Be assured that the information supplied by your agency will be kept confidential and will only used to determine the eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office is appreciated.

Sincerely,

_____
Chapter CSC/Manager – Jeddito Chapter

TO BE COMPLETED BY APPLICANT'S EMPLOYER OR ASSISTING SOCIAL SERVICES AGENCY

Name of Employer/Agency: _____

Name & Title of Person Completing Form: _____

Applicant's Occupation: _____

Employment Duration: Start Date: _____ End Date: _____

Work Hours per Week: _____ Salary: _____ Base Pay Rate: _____

Total Monthly Income/Assistance Amount: _____ Type of Assistance: _____

When Income is received: ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Signature of Person Completing Form: _____ Date: _____

THE NAVAJO NATION

JEDDITO CHAPTER
PO BOX 798
KEAMS CANYON, ARIZONA 86034
(928) 738-2276
jeddito@navajochapters.org

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

We/I, _____, hereby authorize THE NAVAJO NATION, JEDDITO CHAPTER, to obtain any and all information from any and all sources and includes, but is not limited to, information on household income, employment, public assistance, public housing tenancy, disability information, interest or ownership of home and interest or ownership of land.

We/I, understand and acknowledge that this information will be used specifically for determining our/my eligibility and extent of housing discretionary assistance through the Navajo Nation, Jeddito Chapter. We/I do hereby release from any and all liability and hold harmless all persons or entities disclosing information pursuant to this Authorization for Disclosure of Information.

We/I, further agree that a xerographic or photocopy of this Authorization for Disclosure of Information shall be valid and binding even though the original document containing my original signature is not presented or produced and shall be considered in lieu thereof.

Pursuant to Title 2, Navajo Nation Code 81 et seq, this Authorization for Disclosure of Information must be notarized; therefore, this Authorization for Disclosure of Information must be signed in the presence of a Notary Public.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

_____ _____
Applicant's Signature Date

_____ _____
Co-Applicant's Signature Date

State of: _____

County of: _____

Sworn and subscribed before me on this _____ day of _____

Signature of Notary Public: _____

My commission expires: _____