



**TES'II'AHÍ' CHAPTER
HOUSING DISCRETIONARY APPLICATION CHECKLIST**



Applicant / Household Name: _____ Census Number: _____

Applying for () **Minor Repair** () **Minor Electrical** () **Minor Plumbing**
() **Heating/Coolant** () **Survey/Clearance**

DATE RECEIVED/INT.

1 Housing Application

(Entire application shall be filled out completely and sign.
Thumbprint will require a witness signature).

2 Voter Registration Verification Letter

(Can be obtained from the NN Election Office)

3 Map Primary family resident

(Map of your residence)

4 Copy of Certificate of Indian Blood (CIB)

(For all household members)

5 Referrals from Physical, Social Service, CHR and other

(If applicable)

6 Incomplete application shall not be accepted

7 Three (03) Vendors Price Quotes

8 Date of Request: Planning Meeting

9 Date of Request: Regular Chapter Meeting

Completed Housing Application must be submitted to the Chapter Administration for CSC/AMS review PRIOR to a week of the Planning Meeting and SHALL be PRESENT at the Chapter Meeting for Chapter membership APPROVAL.

OFFICE USE ONLY

Last time assisted: _____

Quote 1 _____

Quote 2 _____

Quote 3 _____

**TES'II'AH! CHAPTER
HOUSING DISCRETIONARY APPLICATION**

ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED

A. APPLICANT HOUSEHOLD INFORMATION

NAME:

(First)

(M)

(Last)

MAILING ADDRESS:

(PO Box #)

(City)

(State)

(Zip Code)

TELEPHONE NUMBERS:

DATE OF BIRTH:

CENSUS NUMBER:

B. FAMILY INFORMATION

LIST OF PERSON LIVING IN THE HOUSEHOLD ON PERMANENT BASIS. (Start with oldest.)

NAME

RELATIONSHIP TO APPLICANT

C. INCOME INFORMATION

Start with applicant, and then list all permanent family members. Provide copy of income

NAME

ANNUAL EARNED INCOME

SOURCE OF INCOME

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME: \$ _____

D. HOUSING INFORMATION

Location of the house to be repaired. (Give detailed direction to this house)

MAP TO PROPERTY

Please draw a map to location of the primary home to be repaired or survey. Indicate the distance from the Chapter.



