

TES'II'AHI' CHAPTER HOUSING DISCRETIONARY APPLICATION CHECKLIST



Applicant / H	Household Name: Census Numb	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				
•	ousing Application must be submitted to the Chapter Administration for the Planning Meeting and SHALL be PRESENT at the Chapter Meeting				
	OFFICE USE ONLY				
	Last time assisted:				
l	Quote 1				
ı	Quote 2				
1	Quote 3				

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ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED

A	. APPLICANT	HOUSEHOLD I	INFORMATIO	ON	
NAME:					
(First)		(M)		(Last)	
MAILING ADDRESS:					
(PO Bo	ox #)	(City)	(State)	(Zip Code)	
TELEPHONE NUMBERS:					
DATE OF BIRTH:		CENSUS NUMBER:			
LIGT OF DED CON I		MILY INFORMA		72 (2) (11 11 11 11	
	IVING IN THE H	OUSEHOLD ON PE		SIS. (Start with oldest.)	
NAME			RELATIONSH	IP TO APPLICANT	
		•			
Start with applica		COME INFORMALL permanent family		ide conv of income	
NAME		L EARNED INCO		OURCE OF INCOME	
		· 			
TOTAL COMBINED AN	NUAL HOUSEF	HOLD INCOME:	\$		
			Ψ		
	D. HOU	USING INFORM	ATION		
Location of the house to be	e repaired. (Give	detailed direction to	o this house)		

Provide a brief description of your primary home or type of housing assistance for which you are applying
Is Electricity Available? () No () Yes If yes, name of utility Company:
Type of Sewer System: () Septic Tank () Outhouse
Water Source: () Private We () Community Water Tank () Utility Company
House Size: Size of House (In Feet):
Have you received Housing Discretionary Fund within the last 3 year () Yes () No
If yes what month and year did you receive assistance?
E. LAND INFORMATION
Do you have approve Legal Home site Lease?
Do you own the land on which you want to repair your home? ☐ Yes ☐ No
If no, provide the name of the owner (s):
I, certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification shall acknowledge that the information will be used and determine eligibility to receive Applicant/Household Housing Discretionary Assistance from Tse'ii'ahi' Chapter.
Applicant Signature Date
Date of Distribution:
Check No.:

**** DRAW MAP IN THE BACK OF THIS SHEET****

MAP TO PROPERTY

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



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