

ROUND ROCK CHAPTER #037
CHAPTER HOME IMPROVEMENT PROGRAM (HOUSING DISCRETIONARY)
Post Office Box 10 – Round Rock, Arizona 86547
Phone (928) 787- 2510/11
Fax (928) 787- 2512

COVER SHEET

Welcome to the Round Rock Chapter Home Improvement Program, the Navajo Nation Housing Discretionary Program to assist low-income families, particularly for the elderly, people with disabilities and children, by improving the energy efficiency of their homes, to reduce heating and cooling costs.

**DOCUMENTS REQUIRED TO BE ATTACHED
(BEFORE APPLICATION PROCESS)**

- _____ Application
- _____ Photo Identification/Driver License of Applicant
- _____ Social Security Card of ALL Applicants
- _____ Utility Bill
(Need a copy of a billing statement, not payment receipt and/ or statement from other heating sources)
- _____ Referrals
(A written evaluation or statement indicating disability from your Physician, Social Worker, Community Health Representative, if applicable.)
- _____ Map (Draw directions to the dwelling unit of your home)
- _____ Voters Registration Card (**Navajo Nation Elections**)
- _____ Submit with (3) Quotations

Exhibit O
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CLIENT APPLICATION

A. APPLICANT:

Applicant's Name: _____ Soc. Sec. #: _____
Address: _____ Phone #: _____
State: _____ Zip Code: _____ Chapter Enrollment: _____
Have you ever received Housing Discretionary Assistance? __ Yes __ No When? _____

B. FAMILY COMPOSTITION (Household Members including applicant)

NAME OF FAMILY MEMBERS: (Including Applicant)	DATE OF BIRTH:	AGE:	RELATIONSHIP:	CLIENT CHARACTERISTICS: (Elderly, Disabled, Unemployment, Child Support, Employed)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Office use Only: __Elderly __ Disable __ Children __ Native American
Eligible ____ Ineligible ____ Reason for ineligibility: _____
INTAKE WORKER'S SIGNATURE: _____ DATE: _____

C. INTENT FOR LABOR COMMINTMENT:

Upon eligibility, I/ We _____ of the Round Rock Chapter will be responsible to obtain labor for my/our project to install the housing material. I/We will commit to Completing this Project in a timely manner from the date of materials received. I/We will pursue Labor from:

____ Chapter Public Employment Program ____ Family Members ____ Friends ____ Church Group ____ Self- Help ____ Non- Profits: (Please specify) _____ Other: (Please specify: _____

D. CURRENT FAMILY RESIDENCE STATUS:

Type of Residence:

Do you own your home? __ Yes __ No What is the approximate age of your home? _____ The home I live in is in: ____ Mobile Home ____ House ____ Cabin ____ Hogan ____ NHA House

Home ownership may be verified through:

____ Homesite Lease ____ Land Use Permit ____ Grazing Permit ____ Other: _____

E. CERTIFICATION OF RESIDENCY

I/We _____, certify that I/We am/ are the owner(s) of the property at _____ of the _____ Chapter.
(Project location, residence house number, etc.)

CHAPTER CERTIFICATION

I, as a Chapter Official/ Employee of _____ Chapter and with vested authority to act on community matters, have reviewed the information stated above which is correct to the best of our knowledge and hereby certify this document accordingly on this _____ day of _____ 20____.

Chapter Officials and/ or Community Service Coordinator's Signature:

(Name and Title)

F. APPLICANT CERTIFICATION AND AGREEMENT:

1. I/ We subscribe and affirm that the information provided to the Round Rock Chapter Home Improvement Assistance Program on this application, including statements are true and correct to the best of my/our knowledge(s).
2. Prior to any work, I/We agree to notify the Round Rock Chapter of any changes I this application.
3. I/ We will not be held liable for any injury or damage occurring on my property, which is not a result of my negligence. I/We certify that I have given my/our permission to allow work and monitoring on the property listed in this application.

4. I/We understand that this information will be used in determining eligibility for the program and will not grant assistance.
5. I hereby give permission to enter these premises for the purpose of having my home weatherized.

Signature: _____
Head of Household (Applicant) Date

Signature: _____
Spouse (CO- Applicant) Date

Witness: (If unable to sign) _____
Date

Map to Home

Draw direction to the actual project site location. (1.e., include road number, color of home/ roof).

APPLICANT'S NAME: _____ CHAPTER: _____



****Must have all documents attached to be considered****