

NAME ON APPLICATION: \_\_\_\_\_

DATE APPLICATION RETURN: \_\_\_\_\_

Round Rock Chapter  
P.O. Box 10  
Round Rock, Arizona 86547  
Phone: (928) 787-2510  
Fax: (928) 787-2512  
Email: [roundrock@navajochapters.org](mailto:roundrock@navajochapters.org)

## HOUSING DISCRETIONARY ASSISTANCE

The Round Rock Chapter Housing Discretionary Assistance is to assist eligible families and/or individuals, that are registered community members, with home improvement, by energy efficiency of their homes; reduce heating and cooling costs; and/or to obtain a homesite lease.

### DOCUMENTS REQUIRED TO BE ATTACHED (BEFORE APPLICATION CAN BE PROCESS)

#### HOME IMPROVEMENT REQUEST

- Application (If NOT assisted within the last 3 years)
- Photo Identification/Driver License of Applicant
- Social Security Card of Applicant
- Chapter Voter Registration
- Homesite Lease and NTUA statement with Applicant name
- Submit with 3 Vendor Quotations
- Attached Before Photos of existing occupied home
- Then **WILL NEED** to **RETURN AFTER** photo (When project is DONE)

#### HOMESITE LEASE REQUEST

- Application (If NOT assisted within the last 3 years)
- Photo Identification/Driver License of Applicant
- Certificate of Indian Blood (CIB)
- Submit with 3 Vendor Quotations
  - Archeological (3)
  - Land Survey (3)

\*\*\*\*\* MUST HAVE ALL REQUIRED DOUMENTS ATTACHED TO BE ACCEPTED AND CONSIDERED. \*\*\*\*\*  
\*\*\*\* Incomplete application **WILL NOT** be **ACCEPTED!** \*\*\*\*

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**HOUSING APPLICATION**

**A. APPLICANT:**

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Census #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Census #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Registered Voter of this Chapter?  YES  NO CO-APPLICANT:  YES  NO

Have you received Housing Discretionary Assistance?  Yes  No If YES when? \_\_\_\_\_

Income:  Employed  Unemployed  Self-Employment  Other Source of Income: \_\_\_\_\_

**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 responsibility 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: \_\_\_\_\_

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**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 in this application.
3. I/ We will not be held liable for any injury or damage occurring on my property, which is not a result if 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 the premises for the purpose of having my home repaired.

Signature: \_\_\_\_\_  
Head of Household (Applicant) Date

Signature: \_\_\_\_\_  
Spouse (CO- Applicant) Date

Witness: (If unable to sign) \_\_\_\_\_  
Date


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**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\*\***

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**FOR CHAPTER ADMINISTRATION USE ONLY**

**G. ELIGIBILITY**

Current Voter's Registration: (May be verified by Chapter Administration's Navajo Nation Election Listing) \_\_\_\_\_  
Signature Date List Date

Certification of Residency: \_\_\_\_\_  
Verified by Title/Signature

Not Assisted within the last 3 years: \_\_\_\_\_  
Last assisted date Signature

Medical Referral(s): \_\_\_\_\_  
Type of Referral/Facility Name

Elderly     Disabled     Children     Native American

Before Photo: \_\_\_\_\_  
Verified by Title/Signature

Before Home Visit: \_\_\_\_\_  
Verified by Title/Signature

***Intake Staff's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**H. CLOSE -OUT:**

**Home Improvement:**

Home Visit after material installation: \_\_\_\_\_  
Verified by Title/Signature Date

After Photo/Image(s): \_\_\_\_\_  
Verified by Title/Signature Date

Material Receipt: \_\_\_\_\_  
Receipt Number Date Received

**Homesite Lease:**

Arch Receipt: \_\_\_\_\_  
Receipt Number Date Received

Land Survey Receipt: \_\_\_\_\_  
Receipt Number Date Received