**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-come 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**

1. **APPLICANT:**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ Chapter Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received Housing Discretionary Assistance? \_\_ Yes \_\_ No When? \_\_\_\_\_\_\_

1. **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: \_\_\_\_\_\_\_\_\_

1. **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: \_\_\_\_\_\_\_\_\_\_

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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)

1. **APPLICANT CERTIFICATION AND AGREEMENT:**
2. 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).
3. Prior to any work, I/We agree to notify the Round Rock Chapter of any changes I this application.
4. 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.
5. I/We understand that this information will be used in determining eligibility for the program and will not grant assistance.
6. 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\*\***