

**TOOH HALTSOOI COUNCIL OF NAATAANII CHAPTER
P.O. BOX I, SHEEP SPRINGS, NM 87364
Housing Discretionary Fund Assistance Program**

CHECKLIST OF REQUIRED DOCUMENTS

- ___ 1. Housing Application
- ___ 2. Signed Permission to Enter Premises Form
- ___ 3. Signed Release of Information Form
- ___ 4. A Map of the Property Location
- ___ 5. Copy of Social Security Card
- ___ 6. Copy of Voter Registration Card or Verify by Official Voter Registry
- ___ 7. Copy of Certificate of Indian Blood
- ___ 8. Point System Form Signed
- ___ 9. Documentation from other Agencies verifying housing need.
(Optional)

Documents Verified By: _____

Date: _____

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Housing Discretionary Fund Assistance Program
PERMISSION TO ENTER PREMISES

TO THE BUILDING OWNER

Your building is being considered for renovation under the Tooh Haltsooi Council of Naataanii Chapter/
Housing Discretionary Assistance Program. This program is funded by the Tooh Haltsooi Council of
Naataanii Chapter, under Housing Discretionary Funds and administered by the Tooh Haltsooi Council of
Naataanii Chapter.

PERMISSION TO ENTER PREMISES

I, as owner/ authorized agent for the building located at, _____
_____ have read and understand the above and hereby grant permission for representative of
Tooh Haltsooi Council of Naataanii Chapter to enter the premises when I am present for the purposes of
collecting eligibility documentation from the residents and conducting a work plan which may include an
assessment for housing renovation.

NAME: _____
Client

DATE: _____

NAME: _____
Chapter Manager

DATE: _____

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Housing Discretionary Fund Assistance Program
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Tooh Haltsooi Council of Naataanii Chapter Housing Assistance Program to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household income. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Tooh Haltsooi Council of Naataanii Chapter or other housing project sources.

SIGNATURE: _____
Applicant

Co-Applicant

Date

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HOUSING DISCRETIONARY FUND ASSISTANCE PROGRAM
Application

All questions in this application must be answered.

Applicant's Name: _____ Census Number: _____	Telephone No. _____ Work or Msg. _____
Spouse's Name: _____ Census Number: _____	Work Number: _____
Applicant's Mailing Address: _____ City: _____ State: _____ Zip code: _____	Chapter Enrolled at: _____

Type of Residence	
<input type="checkbox"/>	Room
<input type="checkbox"/>	Owner Occupied
<input type="checkbox"/>	Rental Unit
<input type="checkbox"/>	Single Family
<input type="checkbox"/>	Mobile Home
<input type="checkbox"/>	Subsidized Housing
<input type="checkbox"/>	Multiple Dwelling

Type of Primary Heating	
<input type="checkbox"/>	Wood Average Monthly Heating Bill (before): \$ _____ (after): \$ _____
<input type="checkbox"/>	Coal
<input type="checkbox"/>	Kerosene Cost of B.T.U. saved: _____
<input type="checkbox"/>	Natural Gas Comments: _____
<input type="checkbox"/>	Electric
<input type="checkbox"/>	Propane
<input type="checkbox"/>	Other

INCOME VERIFICATION OF HOUSING UNIT						
Name of each household member including self	Age	Sex	Social Security No.	Relationship to Head of Household	Gross Monthly Income	Source of Income

Note: An elderly person is a person 65 years old age or older. Determination whether a resident in the household is handicapped can be made in any if the following (1) They provide a copy of a letter from the Veteran's Administration that is a percentage of disability letter or (2) The Social Security benefit verification letter under section 1e.10 indicates payments are for disability or (3) Written determination from Federal, State, or other agency providing assistance for handicapped Person or (4) The Sub grantee observes a visible handicap.

Tooh Haltsooi Council of Naataanii Chapter Use Only	
Income Guidelines for a household of _____ members is \$ _____.	
On the basis of the above information, this household is: ELIGIBLE / NOT ELIGIBLE.	
Reason for ineligibility: _____	
Intake Worker's Signature: _____	Date: _____

TYPE OF LABOR TO BE UTILIZED: **Tooh Haltsooi Council of Naataanii Chapter Use only/ projected hours per project**

Public Employment Program (PEP): _____
 Client Self-Help: _____
 Church Group: _____
 Contractor: _____
 Other: _____

IF THE APPLICANT IS RENTING, THE TOO H HALTSOOI COUNCIL OF NAATAANII CHAPTER MUST USE PERMISSION FORM AND OWNER AGREEMENT, IF APPLICANT IS HOME OWNER, COMPLETE THE FOLLOWING.

HOMEOWNER CERTIFICATION

I/ We, _____, certify that I/ we am/ are the owner's) of the property at _____ located on the Tooh Haltsooi Council of Naataanii Chapter jurisdiction.

Land ownership can be verified through (CIRCLE ONE): **Homesite lease / Land Use Permit / Grazing Permit / Other**

CERTIFICATION

I, as a Chapter Employee of Tooh Haltsooi Council of Naataanii Chapter and with vested authority of 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 Staff's Signature: _____ Date: _____

NAME AND TITLE

HOUSING ASSISTANCE APPLICATION

I, subscribe and affirm, under the penalties of law, that the statements made in this application for Housing Assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Prior to any construction, I agree to notify the Chapter of any changes in the information in this application. I understand that by signing this application, I consent to any other inquiry to verify of confirm the information I have given.

The potential assistance will have no effect upon my Social Security, public assistance, or any other income I receive. The construction work done will not obligate me financially and no lien or mortgage will be placed on the property, unless false or inaccurate information has been provided to make me ineligible for this assistance. I will be held liable for any injury of damages occurring on my property which is the result of my negligence of malfeasance. I certify that I have given my permission to allow work and monitoring or work on the property listed in this application. I understand that it is the dwelling occupant and/or owner's responsibility to discover and correct unsafe or non-compliant conditions which exist apart from the construction work.

I understand that this application for Housing Assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the applications received, the remaining available funds, and the priorities to be met by the Housing Discretionary Assistance Program.

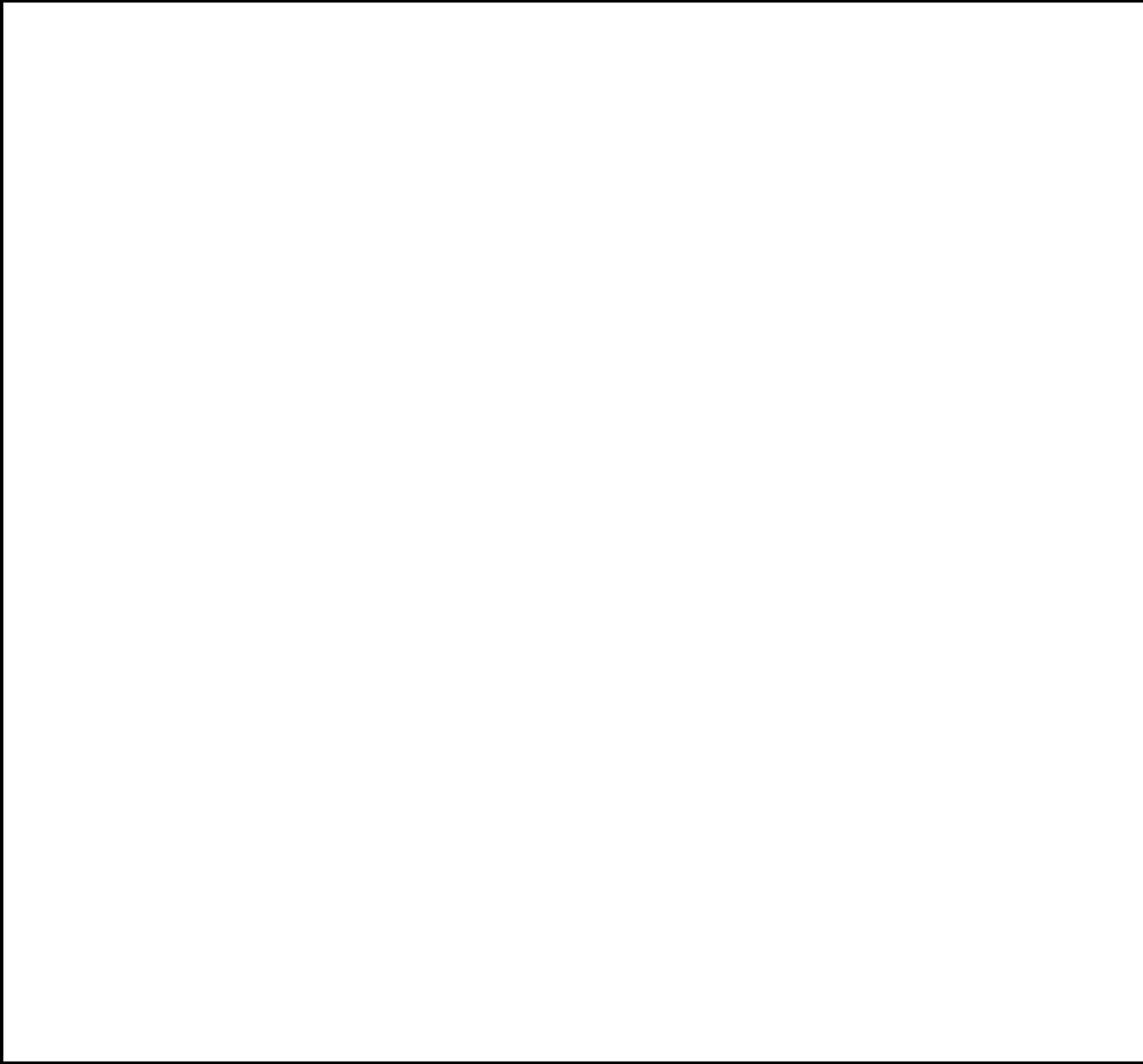
APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S REPRESENTATIVE: _____ DATE: _____

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Housing Discretionary Fund Assistance Program

MAP TO PROPERTY
Project site locations



APPLICANT'S NAME: _____

DATE: _____

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Housing Discretionary Fund Assistance Program
Point System Sheet

Applicant's Name: _____

Registered Voter for more than 1 year 1 month- 5 months= 10 6 months and over= 20	20 points _____
Household Income for entire household: (\$1,000.00 or less income maximum per month)	10 points _____
Family Size 1-3 people= 5 4-5 people= 10 Over 5 people= 15	15 points _____
Overcrowded living conditions	10 points _____
Unsanitary of unsafe living conditions	15 points _____
Elderly, handicapped, or disable	15 points _____
Referral from other agencies	15 points _____
Got help from the Chapter or other agency (- 10 points)	_____

POINT STATUS

<input type="checkbox"/>	0-50	Partial Minor Repair/ Renovation Assistance up to \$500.00	
<input type="checkbox"/>	51-80	Partial Minor Repair/ Renovation Assistance up to \$1,000.00	100 TOTAL _____
<input type="checkbox"/>	81-100	Eligible for Major Repair/ Renovation for Materials up to \$2,000.00	

SIGNATURE: _____
Chapter Manager

DATE: _____