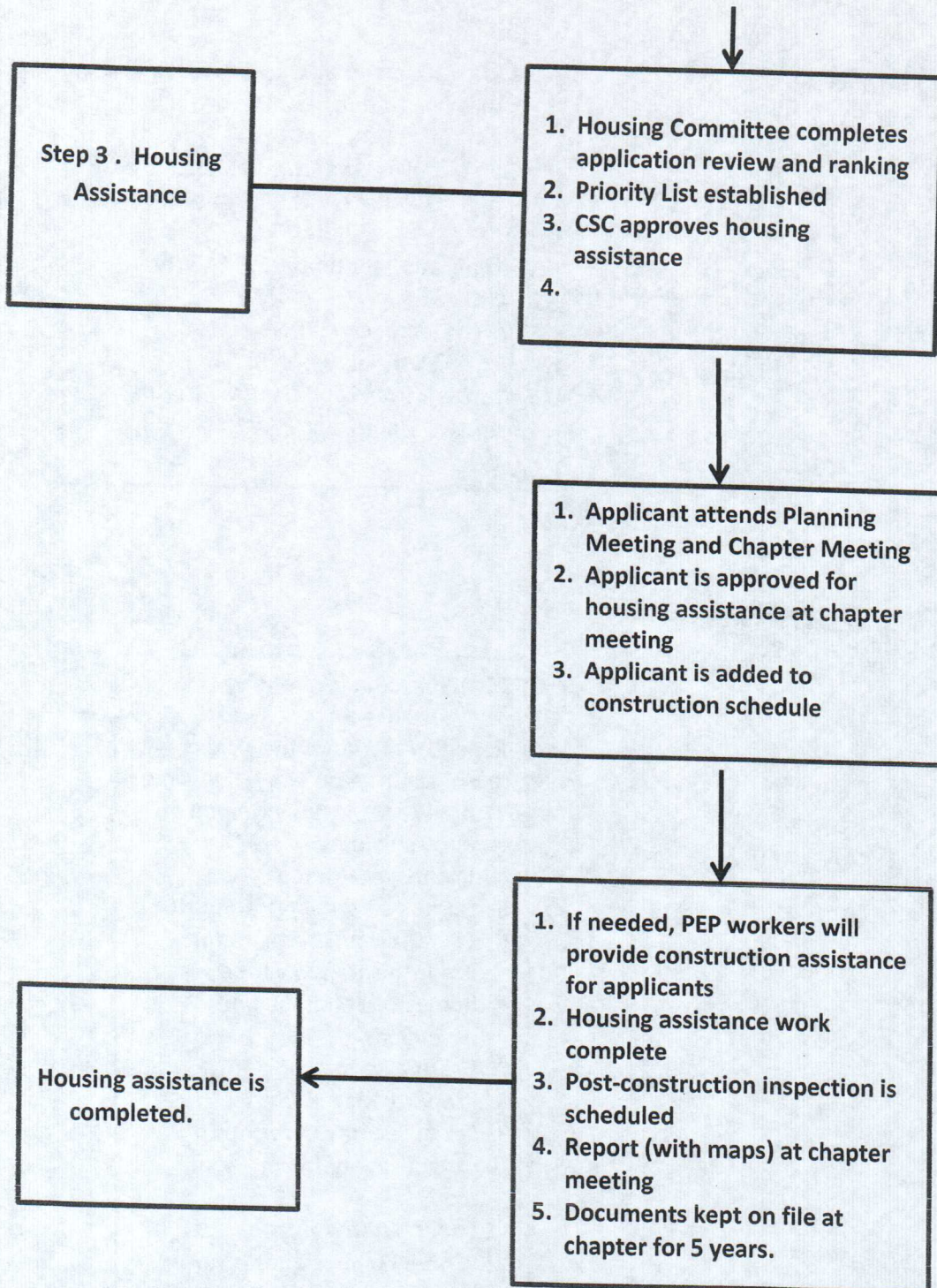
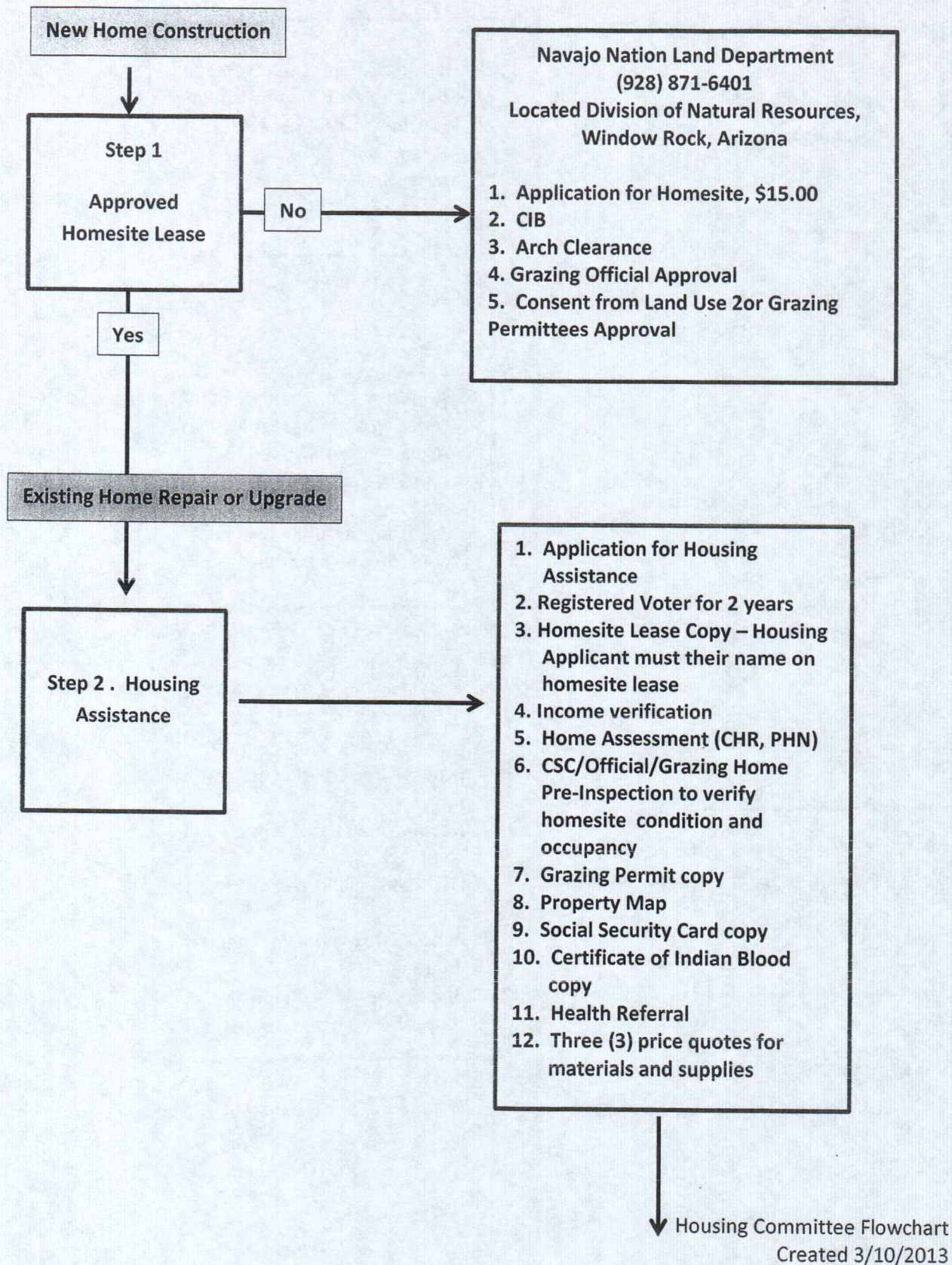


**Crystal Chapter
Housing Discretionary Funds
Housing Assistance Flowchart**



**Crystal Chapter
Housing Discretionary Funds
Housing Assistance Flowchart**



Housing Assistance Application Checklist

NAME:

DATE:

PART 1. CHECKLIST FOR REQUIRED DOCUMENTS

1	Housing Application	
2	Income Verification Statement	
3	Copy of Applicant's Homesite Lease (must have Applicant's name)	
4	Map to Homesite/Property location	
5	Copy of Applicant's Social Security Card (SSN)	
6	Copy of Applicant's Certificate of Indian Blood (CIB)	
7	Three (3) Price Quotes for housing material	
8	Photo of pre-inspection of housing project	
9	Copy of Applicant's Archeology Clearance	
10	Verify Registered Voting Status	
11	Home Assessment by CSC, HC, Chapter Official, or CHR	
12	In person pre-assistance interview	
13	Applicant attends Planning and Chapter Meeting	
14	Attend Housing Committee Training/Workshop	
15	Applicant is notified of award or denial	

PART 2. FOR ADMINISTRATION PURPOSE ONLY

1	Amount Approved for \$
Sign:	Date:

Crystal Chapter Housing Discretionary Assistance Application

INSTRUCTIONS: All areas on this application must be completely filled out.

PART I. APPLICANT INFORMATION

	DOB	SSN	Census	Registered
Applicant Name:				
Address				
Phone	Msg Phone			
Email				
Spouse's name:				

PART II. TYPE OF ASSISTANCE (Check One)

Housing Assistance	<input type="checkbox"/>
Archaeology Clearance	<input type="checkbox"/>

PART III. HOMESITE/PROPERTY OWNER INFORMATION (Name on Homesite Lease)

Name:

Is your home paid in full? ☐ Yes ☐ No

PART IV. HOUSEHOLD (including yourself, list every person living in the house)

Name	Relationship

PART V. INCOME INFORMATION (include spouse & other family income)

****Attach copies of income such as Payroll stubs, Social Security, SSI, Child Support, etc**

Name of Employer or Source of Income	Who receives this Income?	Gross Monthly (before taxes)
1		
2		
3		
4		

PART VI. WHAT MATERIAL IS NEEDED FOR REPAIR OR CONSTRUCTION?

What repair(s) do you think are needed to your home? Please be specific.

PART VII. FOR STATISTICAL PURPOSE ONLY: (Indicate below for the Applicant)

Male	Female	Native American	Hispanic	White	African American	Other

PART VIII. CERTIFICATION/AUTHORIZATION

The Applicant further certifies that he/she is the owner of the house in this application and the Housing Discretionary Funding will be used only for housing materials necessary to meet the Crystal Housing Discretionary Plan of Operation. If the Housing Committee determines that the housing discretionary funding will not or cannot be used for the purpose described herein, the Applicant agree that the earmarked for the project shall remain with the Crystal Chapter Administration. The Applicant acknowledge will respect to such funds so remained, he/she have no further interest, right or claim.

I certify that the information provided is true and complete to the best of my knowledge and belief.

I understand that false statement or information cause for termination or deny eligibility for assisted housing.

Signature: _____

Date: _____

Submit Application to:

Crystal Chapter
PO Box 775
Navajo, NM 87328
505-777-2800
Fax 505-777-2805