FORT DEFIANCE CHAPTER
POWERLINE EXTENSION ASSISTANCE

CHECK OFF SHEET

Applicant's Name: ____________________________________________________________

Co-Applicant's Name: ________________________________________________________

*All Supporting Documents Need To Be Attached: Office Use Only

- Powerline Extension/Hookup Application
- Homesite Lease/Residential Lease/MUST HAVE
- Certificate of House Wiring/Meter Loop Compliance (NTUA)
- Income Verification
- Release of Information
- Price quotes from three different vendors
- Certificate of Indian Blood
- Copy of Voter's Registration Verified By: ________________________
- Referral Documents (Hospital, CHR, Senior Center)
- Road Map to Home
- Picture of Home Structure/Before and After
- Chapter Recommendation Approval

SITE VISIT WAS COMPLETED BY: __________________________________ DATE: ____________

ALL DOCUMENTS MUST BE SUBMITTED IN ORDER TO RECEIVE ASSISTANCE

OFFICE USE ONLY:

( ) Approved    ( ) Denied    ( ) Other

_______________________________________________________________________________

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_______________________________________________________________________________
### FORT DEFIANCE CHAPTER
### POWERLINE EXTENSION ASSISTANCE
### APPLICATION

**PERSONAL DATA:**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>(APPLICANT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENSUS #:</td>
<td>DOB:</td>
</tr>
<tr>
<td>REGISTERED VOTER?</td>
<td>YES [ ] NO [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS;</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL ADDRESS;</td>
</tr>
<tr>
<td>HOME PHONE(s):</td>
</tr>
</tbody>
</table>

| DO YOU HAVE AN APPROVED HOMESITE LEASE IN YOUR NAME? | YES [ ] NO [ ] (REQUIRED) |

**PURPOSE OF REQUEST:**

| Please Be Specific |

<table>
<thead>
<tr>
<th>TYPE OF ASSISTANCE REQUESTING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME RENOVATION/IMPROVEMENT</td>
</tr>
<tr>
<td>HOUSE WIRING</td>
</tr>
<tr>
<td>POWERLINE EXTENSION/HOOK-UP</td>
</tr>
<tr>
<td>ARCH CLEARANCE/SURVEY</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
</tr>
</tbody>
</table>

**TYPE OF CONSTRUCTION:**

| NEW CONSTRUCTION [ ] ADDITION [ ] REHAB [ ] OTHER [ ] |

**FEASIBILITY FACTORS:**

<table>
<thead>
<tr>
<th>SIZE OF HOME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW MANY BEDROOMS?:</td>
</tr>
<tr>
<td>YEAR BUILT:</td>
</tr>
<tr>
<td>PERCENTAGE COMPLETED:</td>
</tr>
</tbody>
</table>

**LABOR FORCE?**

| SELF, RELATIVES, CHURCH ORGANIZATION, OTHER, ETC. |

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**THE UNDERSIGNED HEREBY ACKNOWLEDGES REQUEST FOR ELECTRICAL SERVICE AS STATED ON THIS FORM, SUMES FULL RESPONSIBILITY FOR PROMPT PAYMENT OF BILLINGS AS THEY BECOME DUE AND COLLECTION FEES WILL BE CHARGED.**

**SIGNATURE:** ____________________________ **DATE:** ______________
FORT DEFiance CHAPTER
POWERLINE EXTENSION ASSISTANCE
APPLICATION

IS ELECTRICITY AVAILABLE? ( ) YES ( ) NO IF YES, NAME OF COMPANY: ______________________

SEWER SYSTEM: ( ) CITY SEWER ( ) SEPTIC SYSTEM ( ) CHEMICAL TOILET ( ) OUTHOUSE

FLUSH TOILET? ( ) YES ( ) NO BATHROOM OR SHOWER? ( ) YES ( ) NO

IS POTABLE WATER AVAILABLE? ( ) YES ( ) NO
WATER SOURCE: ( ) CITY WATER ( ) PRIVATE WELL ( ) COMMUNITY TANK ( ) OTHER ( ) HAUL WATER ( ) CISTERN SYSTEM

NAME OF UTILITY COMPANY? ______________________

DO YOU OWN THE LAND ON WHICH YOU WISH TO RENOVATE OR BUILD? ( ) YES ( ) NO
IF NO: WHO IS THE OWNER OF THE LAND? ______________________

THE LAND IS CURRENTLY: ( ) INDIVIDUAL TRUST ( ) TRIBAL TRUST
( ) INDIVIDUALLY RESTRICTED ( ) TRIBAL RESTRICTED ( ) TRIBAL FEE SIMPLE
( ) FEE PATENTED ( ) OTHER: ______________________

THE LAND IS POSSESSED PURSUANT TO A: ( ) LEASEHOLD INTEREST ( ) USE PERMIT
( ) INDEFINITE ASSIGNMENT OR JOINT OWNERSHIP AS DESCRIBED ______________________

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED ASSISTANCE BEFORE? ( ) YES ( ) NO
 ______________________ (NAME) RECEIVED ASSISTANCE IN _______________ (YEARS) FOR CONSTRUCTION
 OR IMPROVEMENTS AT ______________________ (LOCATION)

DO YOU OWN ANY OTHER HOMES? ( ) YES ( ) NO
IF YES WHERE IS THE HOME LOCATED? ______________________
WHO OCCUPIES THE HOME? ______________________

HAVE YOU APPLIED FOR ASSISTANCE FROM AN INDIAN HOUSING AUTHORITY, TRIBAL CREDIT PROGRAM OR PRIVATE LENDING INSTITUTION? ( ) YES ( ) NO PLEASE PROVIDE AND ATTACH PROOF OF DENIAL FROM THESE SOURCES TO THIS APPLICATION

DOES ANY MEMBER OF YOUR PERMANENT HOUSEHOLD HAVE A SEVERE HEALTH PROBLEM OR PERMANENTLY DISABLED? ( ) YES ( ) NO ______________________ (NAME) PLEASE PROVIDE AND ATTACH PROOF TO THIS APPLICATION

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?

I CERTIFY THAT ALL THE ANSWERS GIVEN ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

__________________________ DATE ____________________________ SIGNATURE OF APPLICANT

__________________________ SIGNATURE OF APPLICANT
FORT DEFIANCE CHAPTER
POWERLINE EXTENSION ASSISTANCE
INCOME VERIFICATION STATEMENT

APPLICANT: ___________________________  DATE: ___________________________

APPLICANT'S SOCIAL SECURITY NUMBER: ___________________________

The Fort Defiance Chapter is requesting your assistance to verify income information for the above name applicant who is applying for Housing Discretionary Funds. To assist our Chapter and the housing applicant, we are asking you to provide us with income information as requested at the bottom of this page. Be assured that the information supplied by you will be kept confidential and to be used only in determining the eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Sincerely,

________________________________________  DATE: ___________________________

Tony K. Watchman / CSC

Information of all persons over 18 years of age living in the household, beginning with the applicant income. (W-2 form, wage stubs, Social Security stubs, Retirement stubs, Unemployment stubs, ETC)

<table>
<thead>
<tr>
<th>EMPLOYER/AGENCY NAME</th>
<th>NAME OF PERSON FILLING OUT THIS FORM</th>
<th>TITLE OF THE PERSON FILLING OUT THIS FORM:</th>
</tr>
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TO BE COMPLETED BY APPLICANT'S EMPLOYER OR ASSISTING SOCIAL SERVICES AGENCY

<table>
<thead>
<tr>
<th>APPLICANT'S OCCUPATION</th>
<th>EMPLOYED SINCE</th>
<th>SALARY</th>
<th>EFFECTIVE DATE OF BASE PAY RATE</th>
<th>AVERAGE NUMBER OF HOURS WORKED PER WEEK</th>
<th>TOTAL MONTHLY INCOME/ASSISTANCE</th>
<th>TYPE OF ASSISTANCE</th>
<th>SIGNATURE OF PERSON FILING OUT THIS FORM</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
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APPLICANTS TOTAL ANNUAL INCOME, INCLUDING HOUSEHOLD MEMBERS OVER THE AGE OF 18.

________________________________________
FORT DEFIANCE CHAPTER
POWERLINE EXTENSION ASSISTANCE
AUTHORIZATION FOR RELEASE OF INFORMATION

I, __________________________ hereby authorize the Fort Defiance Chapter to verify the information given in my application. Further, I hereby release all persons and organizations from liability for providing legally-relevant information in correction with my application.

SIGNATURE: ___________________________ DATE: ___________________________

Applicant

SIGNATURE: ___________________________ DATE: ___________________________

Co-Applicant