

FORT DEFIANCE CHAPTER
POWERLINE EXTENSION ASSISTANCE

CHECK OFF SHEET

DATE: _____

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

**FORT DEFIANCE CHAPTER
POWERLINE EXTENSION ASSISTANCE
APPLICATION**

PERSONAL DATA:

NAME: _____
(APPLICANT)

CO-APPLICANT: _____
(SPOUSE)

CENSUS# _____ DOB: _____

CENSUS# _____ DOB: _____

REGISTERED VOTER? [] YES [] NO
(with this chapter)

REGISTERED VOTER? [] YES [] NO
(with this chapter)

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME PHONE# _____ WORK # _____

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

PURPOSE OF REQUEST: Please Be Specific

TYPE OF ASSISTANCE REQUESTING:

___ HOME RENOVATION/IMPROVEMENT ___ POWERLINE EXTENSION/HOOK-UP
___ HOUSE WIRING ___ ARCH CLEARANCE/SURVEY ___ OTHER (SPECIFY) _____

TYPE OF CONSTRUCTION:

___ NEW CONSTRUCTION ___ ADDITION ___ REHAB OTHER _____

FEASIBILITY FACTORS:

SIZE OF HOME: _____

HOW MANY BEDROOMS? _____

YEAR BUILT: _____

PERCENTAGE COMPLETED: _____

LABOR FORCE? _____
(SELF, RELATIVES, CHURCH ORGANIZATION, OTHER, ECT)

TYPE OF STRUCTURE:

___ HOUSE - FRAME/BRICK/CINDER BLOCK
___ HOGAN ___ OTHER
___ MANUFACTURED HOME/MOBILE

GAS: NATURAL or PROPANE
(PLEASE CIRCLE ONE)

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 FE
IF ANY, A COPY OF THE TERMS AND CONDITIONS OF SERVICE HAS BEEN RECEIVED.

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 _____(YEAR) FOR CONSTRUCTION
OR IMPROVEMENTS AT _____(LOCATION)

DO YOU OWN ANY OTHER HOMES? () YES () NO
IF YES: WHERE IS THE HOME LOCATED?: _____
WHO OCCUPY'S 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

DATE

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,

Tony K Watchman / CSC DATE

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

TO BE COMPLETED BY APPLICANT'S EMPLOYER OR
ASSISTING SOCIAL SERVICES AGENCY

EMPLOYER/AGENCY NAME: _____

NAME OF PERSON FILLING OUT THIS FORM: _____

TITLE OF THE PERSON FILLING OUT THIS FORM: _____

APPLICANT'S OCCUPATION: _____

EMPLOYED SINCE: _____

SALARY: _____

EFFECTIVE DATE OF BASE PAY RATE: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

TOTAL MONTHLY INCOME/ASSISTANCE: _____

TYPE OF ASSISTANCE: _____

SIGNATURE OF PERSON FILING OUT THIS FORM: _____

DATE: _____

APPLICANT'S 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 connection with my application.

SIGNATURE: _____
Applicant

DATE: _____

Co-Applciant

DATE: _____

FORT DEFIANCE CHAPTER
POWERLINE EXTENSION ASSISTANCE

MAP: DIRECTION TO RESIDENCE



NORTH

FORT DEFIANCE CHAPTER

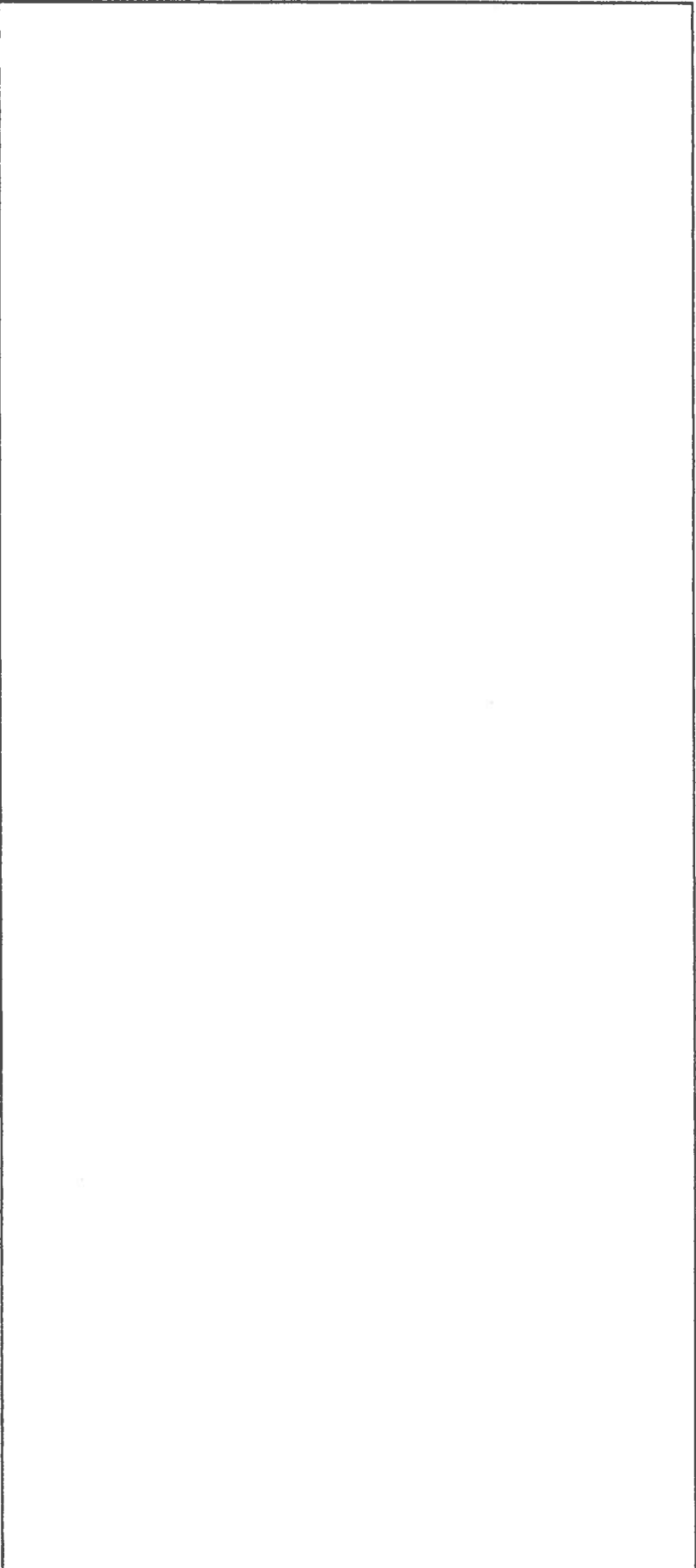
POWERLINE EXTENSION FUND ASSISTANCE

PHOTOGRAPHS of HOUSE:

APPLICANT(S) NAME: _____

DATE RECEIVED: _____

BEFORE: Four to Six pictures should be taken of the proposed improvement area.




COMMENTS:

FORT DEFIANCE CHAPTER
POWERLINE EXTENSION FUND ASSISTANCE
PHOTOGRAPHS of HOUSE

APPLICANT(S) NAME: _____

DATE RECEIVED: _____

NOTE: Four to Six pictures should be taken of the improved area.



COMMENTS
