

FORT DEFIANCE CHAPTER  
HOUSING DISCRETIONARY ASSISTANCE

CHECK OFF SHEET

DATE: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

**\*All Supporting Documents Need To Be Attached:**

Office Use Only

_____ HOUSING DISCRETIONARY Application	_____
_____ Homesite Lease/Residential Lease/MUST HAVE	_____
_____ 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**

<b>OFFICE USE ONLY:</b>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Other

**FORT DEFIANCE CHAPTER  
HOUSING DISCRETIONARY 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: \_\_\_\_\_

TYPE OF STRUCTURE:

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

GAS: NATURAL or PROPANE  
(PLEASE CIRCLE ONE)

LABOR FORCE?

(SELF, RELATIVES, CHURCH ORGANIZATION, OTHER, ECT)

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: \_\_\_\_\_

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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: \_\_\_\_\_

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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  
HOUSING DISCRETIONARY 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-Applcant

DATE: \_\_\_\_\_

FORT DEFIANCE CHAPTER  
HOUSING DISCRETIONARY ASSISTANCE

MAP: DIRECTION TO RESIDENCE



NORTH

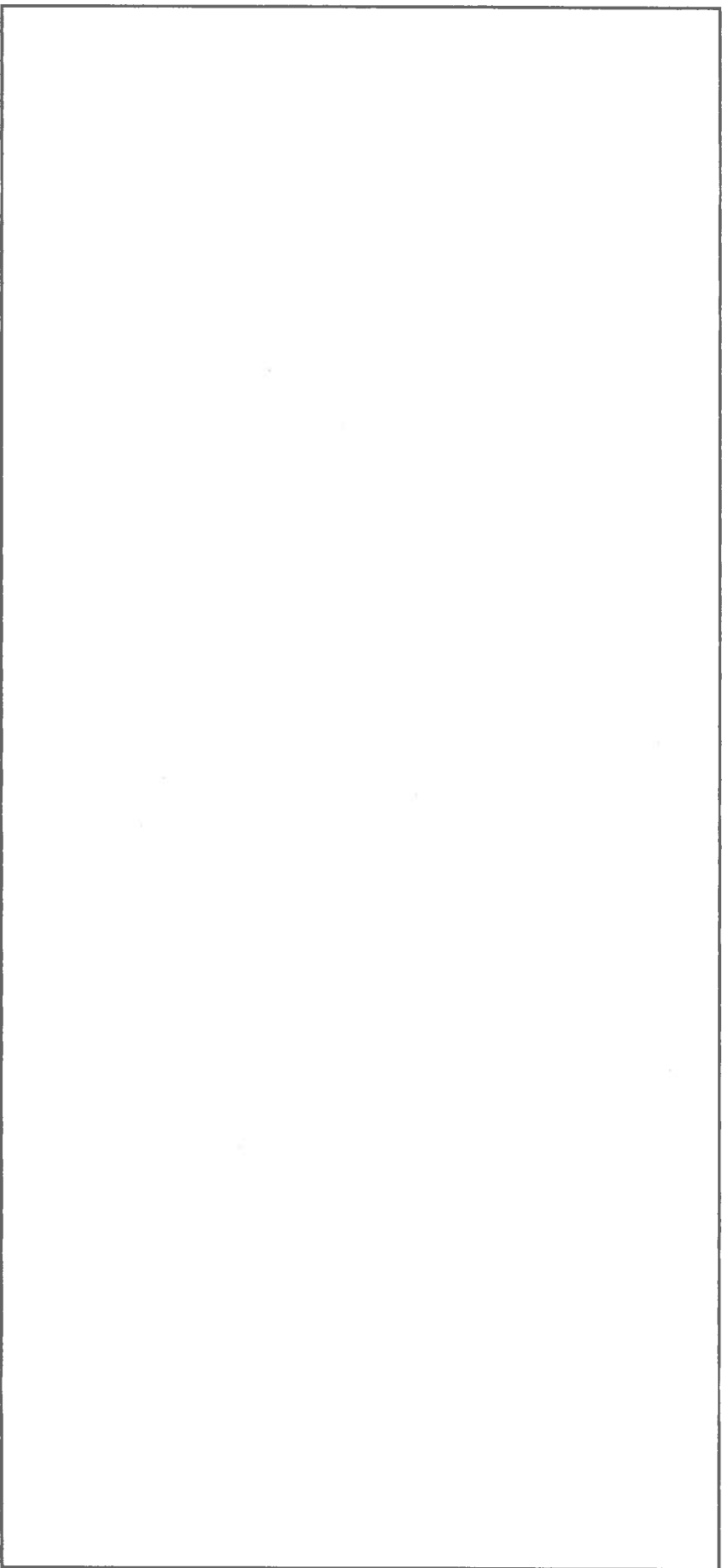


FORT DEFIANCE CHAPTER  
HOUSING DESCRIPTIONARY FUND ASSISTANCE  
PHOTOGRAPHS of HOUSE

APPLICANT(S) NAME: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

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



COMMENTS:

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**HOUSING DISCRETIONARY FUND  
INCOME GUIDELINES**

HOUSEHOLD SIZE	MAXIMUM INCOME	ACTUAL INCOME	PERCENTAGE ACTUAL OF MAXIMUM	PRIORITIZATION POINTS
1	14,700	0 - 2,793	0.0% - 19%	15
1	14,700	2,793 - 5,733	19.001% - 39%	12
1	14,700	5,733 - 8,673	39.001% - 59%	9
1	14,700	8,673 - 11,613	59.001% - 79%	6
1	14,700	11,613 - 14,700	79.001% - 100%	5
		Over Income		
2	19,800	0 - 3,762	0.0% - 19%	15
2	19,800	3,762 - 7,722	19.001% - 39%	12
2	19,800	7,722 - 11,682	39.001% - 59%	9
2	19,800	11,682 - 15,642	59.001% - 79%	6
2	19,800	15,642 - 19,800	79.001% - 100%	5
		Over Income		
3	24,900	0 - 4,731	0.0% - 19%	15
3	24,900	4,731 - 9,711	19.001% - 39%	12
3	24,900	9,711 - 14,691	39.001% - 59%	9
3	24,900	14,691 - 19,671	59.001% - 79%	6
3	24,900	19,671 - 24,900	79.001% - 100%	5
		Over Income		
4	30,000	0 - 5,700	0.0% - 19%	15
4	30,000	5,700 - 11,700	19.001% - 39%	12
4	30,000	11,700 - 17,700	39.001% - 59%	9
4	30,000	17,700 - 23,700	59.001% - 79%	6
4	30,000	23,700 - 30,000	79.001% - 100%	5
		Over Income		
5	35,100	0 - 6,669	0.0% - 19%	15
5	35,100	6,669 - 13,689	19.001% - 39%	12
5	35,100	13,689 - 20,709	39.001% - 59%	9
5	35,100	20,709 - 27,729	59.001% - 79%	6
5	35,100	27,729 - 35,100	79.001% - 100%	5
		Over Income		
6	40,200	0 - 7,638	0.0% - 19%	15
6	40,200	7,638 - 15,678	19.001% - 39%	12
6	40,200	15,678 - 23,718	39.001% - 59%	9
6	40,200	23,718 - 31,758	59.001% - 79%	6
6	40,200	31,758 - 40,200	79.001% - 100%	5
		Over Income		
7	45,300	0 - 8,607	0.0% - 19%	15
7	45,300	8,607 - 17,667	19.001% - 39%	12
7	45,300	17,667 - 26,727	39.001% - 59%	9
7	45,300	26,727 - 35,787	59.001% - 79%	6
7	45,300	35,787 - 45,300	79.001% - 100%	5
		Over Income		

FORT DEFIANCE CHAPTER  
HOUSING DISCREIONARY FUND ASSISTANCE  
RANKING SHEET

APPLICANTS NAME: \_\_\_\_\_ DATE OF REVIEW: \_\_\_\_\_

I. **HOUSEHOLD SIZE:** This information is derived from the applicants' application form.

A.	6 or MORE PERSONS	15 POINTS	
B.	3 TO 5 PERSONS	12 POINTS	
C.	1 TO 2 PERSONS	09 POINTS	

II. **HOUSEHOLD INCOME:** This information is derived from the applicant's application form. Sources of income may include SSI/SS, General Assistance, TANF, Retirement, Disability, Payroll, etc. Please be aware that the information provided will remain confidential and will be used solely for the purpose of determining eligibility for fund assistance.

A.	00% to 19% of maximum	15 POINTS	
B.	19.001% to 39% of maximum	12 POINTS	
C.	39.001% to 59% of maximum	09 POINTS	
D.	59.001% to 79% of maximum	06 POINTS	
E.	79.001% to 100% of maximum	05 POINTS	
F.	More than 100% of maximum	00 POINTS	

III. **OVERCROWDED LIVING CONDITIONS:** The number of household members acutally living permanently in the unit to the number of available bedrooms, excluding closets, bathroom and kitchen.

A.	1 Bedroom with 6 or more family members	15 POINTS	
B.	2 bedrooms with 5 family members	12 POINTS	
C.	3 bedrooms with 4 family members	09 POINTS	
D.	4 bedrooms with 3 or 4 family members	00 POINTS	

IV. **ELDERLY HANDICAPPED or DISABLED:** An elderly person is a person 60 years of age or older (10CFR 440 30). Handicapped means a person who is legally blind, legally deaf, physically disabled due to the loss of one or more limbs, chair or bed bound, unable to walk without crutches or walker, a mentally disabled adult who requires a companion to aid in basic needs, or prevented from minor physical exertion such as housework due to severe health or respiratory problems.

A.	1 or more than 60 years of age and disabled	15 POINTS	
B.	More than 60 years of age	12 POINTS	
C.	Disabled less than 59 years of age	09 POINTS	
D.	No disability in household	00 POINTS	

V. **UNSANITARY or UNSAFE LIVING CONDITIONS:** A unit assessment is required to determine unit condition, taking into account the interior and exterior, the foundation, the roof, insulation value, type of unit structure and year built. In addition, utilities available in dwelling unit including electricity, plumbing, waste water disposal and type of primary heating.

A.	Whole house is condemed or should be condemned due to major construction deficiencies and/or deterioration family needs to be relocated and that no other home(s) is available.	40 POINTS	
B.	No running water (Plumbing), electricity, and heating system (10 points each)	30 POINTS	
C.	Leaking roof along the edges of the ceiling in some areas and/or water leaking into other rooms or underneath the house causing decay and in need of replacement	10 POINTS	
D.	Install or repair water or waste water disposal systems.	05 POINTS	
E.	Repair or replace roof/repair structural supports, uneven floors.	05 POINTS	
F.	Exterior Siding deteriorating siding.	05 POINTS	
G.	Cracked walls and energy conservation measures needed.	05 POINTS	
H.	Glass in some of the windows broken, missing or windows shifting, missing doors or doors very difficult to open or close, gaps around some doors of the door assemblies,	05 POINTS	
I.	Bathroom not working properly and needs replacement of toilet, bathtub, sink/lavatory or sewer system failure	05 POINTS	
J.	Unit is structurally sound and does not need any repairs.	00 POINTS	

TOTAL POINTS: \_\_\_\_\_

ASSESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ Applicant is awarded. Award is in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_ Applicant is awarded. Award is in the amount of \$ \_\_\_\_\_, which is less than the eligibility amount due to: \_\_\_\_\_.

\_\_\_\_\_ Applicant is denied. Denial is due to: \_\_\_\_\_.

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_