

RED MESA CHAPTER

PO Box 422

Montezuma Creek, Utah 84534

Telephone: (928) 656-3656

Email: redmesa@navajochapters.org



HOUSING APPLICATION CHECK LIST

Applicant's Name: _____

No.	Name of Form/Documents	Date Received	Staff Initial
1.	Complete Housing Application		
2.	Evidence of Land Ownership (Homesite Lease, etc...)		
3.	Map to Property		
4.	NN Voter's Membership of Red Mesa Chapter		
5.	Income Verification Statement		
6.	Copy of Certificate of Indian Blood (All Household Members)		
7.	Copy of Social Security Card (All Household Members)		
8.	Referrals (CHR, Social Service, Veterans)		
9.	List of Materials and/or Quotation from three (03) different vendors		
10.	Other Supporting Documents		

****Must be filled out with ink**

FOR OFFICE USE ONLY:

_____ Resolution _____ Fund Approval Form _____ Point Allocation Sheet
_____ Quotations (3 Vendors)

☐ Approved

☐ Denied

Reason for Denial: _____

Harrison Toney, Housing Committee Member

Date

Nathaniel Robinson, Housing Committee Member

Date

Andorra Holly, Housing Committee Member

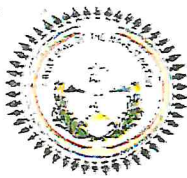
Date

****COMMUNITY SERVICE COORDINATORS' APPROVAL FOR PAYMENT****

Date of Check Issued: _____

Check No.: _____

Fund/GL Code: _____



RED MESA CHAPTER
Red Mesa, Navajo Nation, Utah



HOUSING ASSISTANCE PROGRAM APPLICATION

Application Date: _____

Applicant's Name: _____ Telephone Number: _____

Census Number: _____ Email Address: _____

Date of Birth: _____ Applicant's Chapter Residency: _____

Spouse's Name: _____

Census Number: _____

Date of Birth: _____

Spouse's Chapter Residency: _____

Applicant's Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Type of Residence:

- ☐ Room
- ☐ Owner Occupied
- ☐ Rental Unit
- ☐ Single Family
- ☐ Mobile Home
- ☐ Subsidized Housing
- ☐ Multiple Dwelling

Housing Information: (Yes/No)

- ____ Electricity
- ____ Indoor Plumbing
- ____ Water available
- ____ Wood/Coal Stove
- ____ Furnance
- ____ Bedroom(s) # ()
- ____ Primary residence
- ____ HDF Assistance, When? _____

Land Information: (Yes/No)

- ____ Do you own the land
- ____ Do you have homesite lease
- ____ Do you have residential lease
- ____ Do you have leasehold interest
- ____ Do you have use permit

Name of each household member including self	Age	Sex (M/F)	Social Security Number	**	Relationship to Applicant	Gross Monthly Income	Source of Income

** Check (✓) if claiming disability, will be verified by medical doctor

Applicant Certification

(Read this certification carefully before you sign and date your application. Sign in ink)

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 for Housing Assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program in accordance to the policy and procedures.

Applicant's Signature: _____

Date: _____

Applicant's Representative: _____

Date: _____



RED MESA CHAPTER
Red Mesa, Navajo Nation, Utah



INCOME VERIFICATION STATEMENT FORM

Applicant: _____ Date: _____

Applicant's Social Security Number: _____

The Red Mesa Chapter is requesting your assistance to verify income information for the above-named 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 be used only in determining housing eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Applicant listed authorizes written verification of income:

Signature of Applicant/Date _____

Sincerely,

Ronalda Joe, CSC

Community Service Coordinator

.....
Applicant receives the following income _____ (Type of income) in
amount of \$ _____ an ☐ hour, ☐ bi-weekly, ☐ monthly, or ☐ annually.

Is the income taxable? ☐ Yes ☐ No

Employer's Information:

Name of Employer: _____ Supervisor's Name: _____

Employer's Mailing Address: _____

Employer's Telephone Number: _____

Public Assistance Provider:

Name of Organizaiton	Address	Telephone Number	Client's Caseworker

Additional Informational if necessary:

Name of individual providing the above information:

Name (Signature)/Title/Date

Housing Assistance Program
Map to Property

Name of Applicant: _____

GOOGLE PLUS CODE: _____



Comment(s): _____



RED MESA CHAPTER
Red Mesa, Navajo Nation, Utah



Herman Farley, Chapter President
Marlene Dee-Ben, Chapter Secretary

Marilyn Holly, Chapter Vice-President
Curtis Yanito, Council Delegate

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, _____ hereby authorize the Red Mesa Chapter to verify the information given in my housing application. Further, I/We hereby release all persons and organizations from liability for providing legally-relevant information in connection with my housing application.

This Release of Information is valid for one (01) year. This Release of Information is not automatically renewable. It expires automatically within one year from dated and signed unless revoked in writing sooner.

I/We understand I/We have the right to see this information at any time. I/We understand that I/We can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. By my signature below, I/We affirm that I/We have read this release or it has been read to me, and I/We understand its content.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twelve (12) months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

Applicant (Signature)

Date

Co-Applicant (Signature)

Date