

**GREASEWOOD SPRINGS CHAPTER
HOUSING APPLICATION
FOR HOUSING DISCRETIONARY FUNDING**

CHECKLIST OF REQUIRED DOCUMENTS

- _____ 1. HOUSING APPLICATION
- _____ 2. INCOME VERIFICATION STATEMENT
(Copies of: Wage/Check Stubs, W-2 Forms, Social Security Stubs,
Retirement Stubs, Unemployment Stubs, etc.)
- _____ 3. COPY OF HOMESITE LEASE REQUIRED
- _____ 4. AUTHORIZATION FOR RELEASE OF INFORMATION
- _____ 5. MAP TO PROPERTY
- _____ 6. LETTER OF CERTIFICATION SHOWING INELIGIBILITY FOR OTHER
FEDERALLY ASSISTED HOUSING PROGRAMS
- _____ 7. VERIFIED SOCIAL SECURITY CARD FOR EACH HOUSEHOLD MEMBER
- _____ 8. VERIFIED APPLICANT'S CERTIFICATE DEGREE OF INDIAN BLOOD FOR
EACH HOUSEHOLD MEMBER.
- _____ 9. REFERRALS FROM PHYSICIAN, SOCIAL WORKER, COMMUNITY
HEALTH REPRESENTATIVE, OR OTHER ENTITY (IF APPLICIABLE)
- _____ 10. DIRECTIONS TO HOME (MAP)

**HOUSING APPLICATION
FOR HOUSING DISCRETIONARY FUNDING**

NAME: _____ SOCIAL SECURITY NUMBER: _____

CENSUS NUMBER: _____ SPOUSE NUMBER: _____

PERMANENT ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

CHAPTER: _____ AGENCY: _____ MALE [] FEMALE []

NAME OF ANY RELATIVES YOU HAVE EMPLOYED BY THE CHAPTER: _____

NAME OF PERSONS LIVING IN THE HOUSEHOLD ON A PERMANENT BASIS: _____

INCOME VERIFICATION OF ALL PERSONS OVER 16 YEARS OF AGE LIVING IN THE HOUSEHOLD BEGINNING WITH THE APPLICANT'S INCOME (ATTACH W-2 FORMS, WAGE STUBS, SOCIAL SECURITY STUBS, RETIREMENT STUBS, UNEMPLOYMENT STUBS, ETC.)

TOTAL ANNUAL INCOME: _____

LOCATION OF HOME TO BE REPAIRED, CONSTRUCTED, OR PURCHASED, INCLUDING DIRECTIONS TO THE HOUSE:

IS ELECTRICITY AVAILABLE? NO YES, NAME OF UTILITY COMPANY: _____

SEWER SYSTEM: CITY SEWER SEPTIC SYSTEM CHEMICAL TOILET OUTHOUSE

FLUSH TOILET: YES NO BATHTUB OR SHOWER: YES NO

WATER SYSTEM: CITY WATER PRIVATE WELL COMMUNITY TANK OTHER

NAME OF SEWER AND WATER UTILITY COMPANY: _____

NUMBER OF BEDROOMS: _____ SIZE OF HOUSE (IN FEET): _____

DO YOU OWN THE LAND ON WHICH YOU WISH TO RENOVATE OR BUILD:

YES NO, THE NAME OF THE OWNER IS: _____

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 HOUSING DISCRETIONARY FUNDS BEFORE:

NO YES, NAME: _____ RECEIVED HOUSING ASSISTANCE IN _____

(YEAR) FOR CONSTRUCTION OR IMPROVEMENT AT _____ (LOCATION).

HAS THE HOUSE FOR WHICH YOU ARE ASKING FOR CONSTRUCTION OR REPAIR FUNDING EVER HAD

CONSTRUCTION OR REPAIRS FUNDED BY HOUSING DISCRETIONARY FUNDS:

NO YES, NAME: _____ RECEIVED HOUSING ASSISTANCE IN _____

(YEAR) FOR CONSTRUCTION OR IMPROVEMENT AT _____ (LOCATION).

DO YOU OWN ANY OTHER HOUSE? NO YES, THE HOUSE IS LOCATED AT: _____

_____ AND OCCUPIED BY: _____

HAVE YOU APPLIED FOR ASSISTANCE FROM AN INDIAN HOUSING AUTHORITY, TRIBAL CREDIT PROGRAM, OR PRIVATE LENDING INSTITUTE? NO YES, I APPLIED ON _____ (DATE)

AND WILL ATTACH PROOF OF DENIAL FROM THESE SOURCES TO THIS APPLICATION.

DOES ANY MEMBER OF YOUR PERMANENT HOUSEHOLD HAVE A SEVERE HEALTH PROBLEM, HANDICAP, OR PERMANENT DISABILITY? NO YES, _____ (NAME) HAS

_____ (BRIEF DESCRIPTION) AND I WILL ATTACH PROOF TO

THIS APPLICATION DESCRIBING THE CONDITION.

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 CO-APPLICANT (IF APPLICABLE)

INCOME VERIFICATION STATEMENT

APPLICANT: _____

DATE: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

THE GREASEWOOD SPRINGS CHAPTER IS REQUESTING YOUR ASSISTANCE TO VERIFY INCOME 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 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,

CHAPTER MANAGER
GREASEWOOD SPRINGS CHAPTER

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

EMPLOYER / AGENCY NAME: _____

NAME OF PERSON FILLING OUT FORM: _____

TITLE OF PERSON FILLING OUT FORM: _____

APPLICANT'S OCCUPATION: _____

EMPLOYED SINCE: _____

SALARY: _____ BASE RATE PAY: _____

EFFECTIVE DATE OF BASE PAY RATE: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

TOTAL MONTHLY INCOME / ASSISTANCE: _____

TYPE OF ASSISTANCE: _____

SIGNATURE OF PERSON FILLING OUT THIS FORM: _____

DATE: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, HEREBY AUTHORIZE THE GREASEWOOD SPRINGS CHAPTER TO VERIFY THE INFORMATION GIVEN IN MY HOUSING APPLICATION. FURTHER, I HEREBY RELEASE ALL PERSONS AND ORGANIZATIONS FROM LIABILITY FOR PROVIDING LEGALLY RELEVANT INFORMATION IN CONNECTION WITH MY HOUSING APPLICATION.

SIGNATURE: _____
APPLICANT:

DATE: _____

CO - APPLICANT:

DATE: _____

**GREASEWOOD SPRING CHAPTER
P.O. BOX 1260
GANADO, ARIZONA 86505**

VERIFICATION OF RESIDENT AND NON-HOUSING ASSISTANCE FORM

NAME OF APPLICANT: _____ S.S.#: _____

MAILING ADDRESS: _____

TO BE COMPLETED BY CHAPTER ONLY

PART A: VERIFICATION OF RESIDENCE

WE CERTIFY THAT THE ABOVE NAMED INDIVIDUAL(S) IS A RECOGNIZED COMMUNITY MEMBER OF THE GREASEWOOD SPRINGS CHAPTER. WE UNDERSTAND THAT THIS VERIFICATION WILL ENABLE THE APPLICANT(S) TO BE CONSIDERED FOR POSSIBLE SELECTION TO THE GREASEWOOD SPRINGS CHAPTER DISCRETIONARY FUND ASSISTANCE FOR THE GREASEWOOD SPRINGS CHAPTER.

PART B: VERIFICATION OF NON-HOUSING ASSISTANCE

FURTHERMORE, WE VERIFY THAT THE PERSON(S) NAMED ABOVE HAVE NEVER BEEN ASSISTED WITH A COMPLETE HOUSE FROM:

	YES	NO
1. NAVAJO HOUSING SERVICES	_____	_____
2. VETERAN ADMINISTRATION	_____	_____
3. NAVAJO-HOPI RELOCATION COMMISSION	_____	_____
4. BIA HOUSING ASSISTANCE	_____	_____
5. FHA HOUSING ASSISTANCE	_____	_____
6. NHA MUTUAL HELP HOUSING	_____	_____

WE CERTIFY THAT THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

CHAPTER CERTIFICATION

CHAPTER PRESIDENT SIGNATURE:

DATE:

CHAPTER VICE-PRESIDENT SIGNATURE:

DATE:

HOUSING DISCRETIONARY REPRESENTATIVE:

DATE:

COMMUNITY SERVICES COORDINATOR:

DATE:

DETAILED DIRECTIONS TO HOME (MAP DRAWING)

~ NORTH ~



DETAILED WRITTEN DIRECTIONS TO HOME:
