**PUEBLO PINTADO CHAPTER**

**HOUSING DISCRETIONARY ASSISTANCE APPLICATION**

1. *HOUSEHOLD INFORMATION*
2. HEAD OF HOUSEHOLD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CENSUS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CENSUS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MESSAGE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. MARITAL STATUS: SINGLE { } MARRIED { } WIDOW { } SEPARATED { }

1. TOTAL HOUSEHOLD MEMBERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAMILIES IN HOUSEHOLD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. LIST ALL HOUSEHOLD MEMBERS:

NAME RELATIONSHIP DOB CENSUS# SS#

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**Copies of all household members CIB are required.**

1. Are you a Veteran? **YES** / **NO** if “Yes” indicate term of services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Veteran disabled? **YES / NO** if “Yes” Nature of disability?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a disability or any member in Household? **Yes / No if “Yes”** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_& Nature of disability?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach support letter or proof describing condition, if available)

II. *PRESENT HOME CHARACTERISTICS*

1. Home Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Built:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of Construction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Condition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Frame, Block, Adobe, etc.) (Poor, Fair, Good, Excellent)

1. Type of Heating System: Wood/Coal Stove { } Propane/Gas Heater { } Pellet Stove { } Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of Electrical Source? Yes / No if “Yes” Name of Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Type of Sewer System? ⃝ Septic System ⃝ Outhouse ⃝ Lagoon

Is bathtub or shower available? Yes / No Flush Toilet? Yes / No

1. Type of Water System: ⃝Private Well ⃝Community Tank ⃝Community Water System

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a Home Site Lease or Residential Lease? Yes / No

If “No”, would you like to apply for one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Land Use Status: ⃝ Allotment Land ⃝ Trust Land ⃝ BLM ⃝ NPL ⃝ Private

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own the Land on which you wish to renovate or build your house on? Yes / No

if “No” Name of Landowner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you own any other house? Yes / No, if “ Yes” The house is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and occupied by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III.  *PAST HOUSING ASSISTANCE INFORMATION:*

1. WERE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED ASSISTED BY:

Pueblo Pintado Chapter? Yes / No if “Yes, when was it given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who Received (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Chapter House? Yes / No if “Yes, when was it given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who Received (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Navajo Housing Services? Yes / No if “Yes”, when was it given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who Received (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Navajo Housing Authority? Yes / No if “Yes”, when was it given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who Received (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any relative or family member serving or employed by the Chapter or elected officials?

Yes / N o If “Yes” who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:**

**Submit three (3) price quotations with your application and other attachment to Chapter Administration. After you purchase housing materials, submit your RECEIPT to Chapter Administration ASAP. Your cooperation is appreciated. Thank you!**

*IV. ROAD MAP TO YOUR HOME FROM PUEBLO PINTADO CHAPTER:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that the information given on three pages is true and correct and given in good faith for the purposes of obtaining housing discretionary assistance from the Pueblo Pintado Chapter. I acknowledge this information will be used in determining my eligibility and extent of housing discretionary assistance through the Pueblo Pintado Chapter. False information is subject to denial of housing discretionary assistance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Applicant Signature

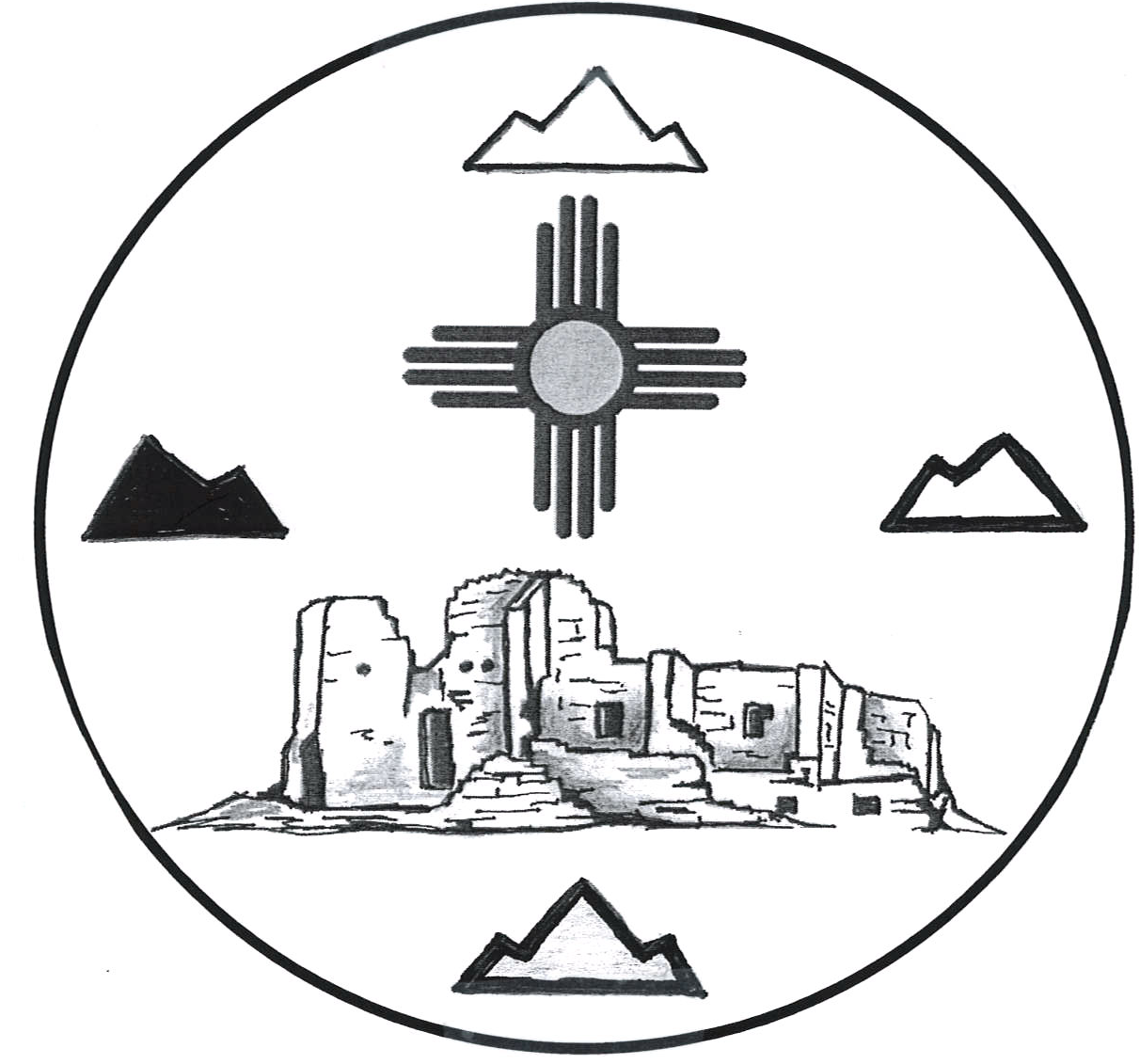
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Spouse Signature (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Administration Signature

**PUEBLO PINTADO CHAPTER**



**HOUSING DISCRETIONARY ASSISTANCE APPLICATION**

**COVER SHEET CHECK LIST**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| 1. **IMPORTANT NOTICE:**   **The Pueblo Pintado administration requests you to complete the entire application and ensure you sign your signature(s) on the application. Provide the following required documents per check list below. If you should fail to submit the required documents or sign your signature(s). Your application process will be delayed.** |

|  |
| --- |
| 1. **CHECK LIST OF REQUIRED DOCUMENTS**   **Date Received:**  **\_\_\_\_\_\_\_\_\_\_\_ 1. Discretionary Application (all questions must be answered, completed and signed)**  **\_\_\_\_\_\_\_\_\_\_\_2. Income Verification**  **\_\_\_\_\_\_\_\_\_\_\_3. Residential or Home Site Lease**  **\_\_\_\_\_\_\_\_\_\_\_4. Social Security Cards: (Applicant & Co-Applicant)**  **\_\_\_\_\_\_\_\_\_\_\_5. Copy of Applicant’s Certificate of Indian Blood: (CIB)**  **\_\_\_\_\_\_\_\_\_\_\_6. Referrals: If Applicable: referrals from Doctor, Social Worker, CHR, etc.**  **\_\_\_\_\_\_\_\_\_\_\_7. Detail Map of your Home Site: (Draw directions to your home/residence)**  **\_\_\_\_\_\_\_\_\_\_\_8. Material List of 3 Price Quotation**  **(price quotation are required to be submitted with your application after approved at**  **A duly called chapter meeting)** |
| **NOTE: You are required to attend the scheduled Chapter Meeting to make your request in person.**  **FOR ADDITIONAL INFORMATION CONTACT: PUEBLO PINTADO CHAPTER ADMINISTRATION STAFF AT (505) 655-3221.** |