



BODAWAY/GAP CHAPTER

An Enterprise of the Navajo Nation
P.O. Box 1546 ~ The Gap, AZ 86020
Phone: (928) 283-3493 Fax: (928) 283-3496
Email: bodaway@navajochapters.org
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Chapter Officials:
Dorothy Lee, *President*
Lee Yazzie Jr., *Vice President*
Loretta T. Seweingyawma-
Secretary/Treasurer

HOUSING DISCRETIONARY ASSISTANCE APPLICATION

FY2021

Applicant Name _____ Date _____

Co-Applicant _____ Telephone Number _____

CHECKLIST OF REQUIRED DOCUMENTS

APPLICATION-Housing Discretionary Assistance must be completed and signed by all applicants.

VOTER REGISTRATION-Bodaway/Gap Chapter.

C.I.B.-Original Certificate of Indian Blood for all household members.

SOCIAL SECURITY CARD-Original and must be signed.

HOME-SITE LEASE DOCUMENTS

INCOME VERIFICATION STATEMENTS-SSI, UI, Employment Check Stubs, ect.

HOMEOWNERSHIP CERTIFICATION & APPLICATION AGREEMENT FORM must be signed.

AUTHORIZATION FOR RELEASE OF INFORMATION FORM must be signed.

PERMISSION TO ENTER PREMISES FORM must be signed.

MAP OF PROPERTY-Drawings & detailed map to your resident.

SUPPORTING DOCUMENTS-Referrals from Physicians, Social Worker, Support Letters, ect.

PICTURE OF PROJECT-Before and after.

PRICE QUOTES-Applicants are RESPONSIBLE for collection quotes, all quotes must be on

COMPANY DOCUMENTS (No Exceptions)

****Any missing required documents will be considered incomplete and denied.**

Recommended companies: 1. Home Depot (928) 556-1529

2. Tuba City True Value (928) 283-4171

3. Page Lumber (928)645-2382

OFFICE USE ONLY

DOCUMENTS VERIFIED AND RECEIVED BY _____

DATE _____ TITLE _____

(Type here)



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HOUSING DISCRETIONARY FUND ASSISTANCE
FY-2021

All questions in this application must be answered.

Applicant's Name: _____ Census Number: _____	Telephone No. _____ Work or Msg. _____
Spouse's Name: _____ Census Number: _____	Work Number: _____
Applicant's Mailing Address: _____ City: _____ State _____ Zip Code: _____	Chapter Enrolled at: _____

Type of Residence:

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

Type of Primary Heating:

Wood
 Coal
 Kerosene
 Natural Gas
 Electric
 Propane
 Other

Average Monthly Heating Bill:
 Beginning: \$ _____ Ending: \$ _____
 Cost of B.T.U. saved: _____
 Comments: _____

INCOME VERIFICATION OF HOUSING UNIT:						
Name of each household member including self	Age	Sex	Social Security No	Relationship to Head of Household	Gross Monthly Income	Source of Income

Note: An elderly person is a person 65 years of age or older. Determination whether a resident in the household is handicapped can be made in any of the following: (1) They provide a copy of a letter from the Veterans Administration that is a percentage of disability, letter or (2) The Social Security benefit certification letter under section 16 to indicate payments and tax disability, or (3) Written determination from Federal, State or other agency providing assistance to blind (as per Prison) or (4) The Subgrantee observes a visible handicap.

Bodaway/Gap Chapter Office Use Only:

Income Guidelines for a household of _____ members is \$ _____

On the basis of the above information, this household is **ELIGIBLE / NOT ELIGIBLE**

Reason for ineligibility: _____

Intake Worker's Signature: _____ Date: _____

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Exhibit O

HOUSING DISCRETIONARY FUND ASSISTANCE

TYPE OF LABOR TO BE UTILIZED

Bodaway/Gap Chapter Use only / projected hours per project

- Public Employment Program (PEP) _____
- Client Self-Help _____
- Church Group: _____
- Contractor _____
- Other _____

IF APPLICANT IS RENTING, THE BODAWAY/GAP CHAPTER MUST USE PERMISSION FORM AND OWNER AGREEMENT. IF APPLICANT IS HOME OWNER, COMPLETE THE FOLLOWING.

HOMEOWNER CERTIFICATION

I, _____, certify that I am the owner of the property at _____ located on the Bodaway/Gap Chapter

Land ownership can be verified through (CIRCLE ONE) **Homesite Lease, Other**

CERTIFICATION

I, as a Chapter Employee of Bodaway/Gap Chapter and with vested authority of act on community matters, have reviewed the information stated above which is correct to the best of our knowledge and hereby certify this document accordingly on this _____ day of _____ 20_____

CHAPTER STAFF'S SIGNATURE: _____
NAME AND TITLE _____ Date _____

HOUSING ASSISTANCE APPLICATION

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, I consent to any other inquiry to verify or confirm the information I have given.

The potential assistance will have no effect upon my social security, public assistance, or any other income I receive. The construction work done will not obligate me financially and no lien or mortgage will be placed on the property unless false or inaccurate information has been provided to make me ineligible for this assistance. I will be held liable for any injury or damages occurring on my property which is the result of my negligence or malfeasance. I certify that I have given my permission to allow work and monitoring or work on the property listed in this application. I understand that it is the dwelling occupant and/or owner's responsibility to discover and correct unsafe or non-compliant conditions which exist apart from the construction work.

I understand that this application for Housing Assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the applications received, the remaining available funds, and the priorities to be met by the Housing Discretionary Assistance Program.

APPLICANT'S SIGNATURE _____ **DATE** _____
CHAPTER REPRESENTATIVE _____ **DATE** _____

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Exhibit O

HOUSING DISCRETIONARY FUND ASSISTANCE

PERMISSION TO ENTER PREMISES

TO THE BUILDING OWNER

Your house is being considered for renovation under the Bodaway/Gap Chapter/Housing Assistance Program. This program is funded by the Navajo Nation, under Housing Discretionary Funds and administered by the Bodaway/Gap Chapter.

PERMISSION TO ENTER PREMISES

I, as owner for the house located at _____, have read and understand the above and hereby grant permission for representative of Bodaway/Gap Chapter to enter this premises when I am present for the purposes of collecting eligibility documentation from the residents and conducting a work plan which may include an assessment for housing renovation.

NAME: _____
Client

DATE: _____

NAME: _____
Chapter Manager

DATE: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize the Navajo Nation through the Bodaway/Gap Chapter Housing Assistance Program to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household income. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Bodaway/Gap Chapter or other housing project sources.

SIGNATURE:

Applicant

Date

Co-Applicant (if applicable)

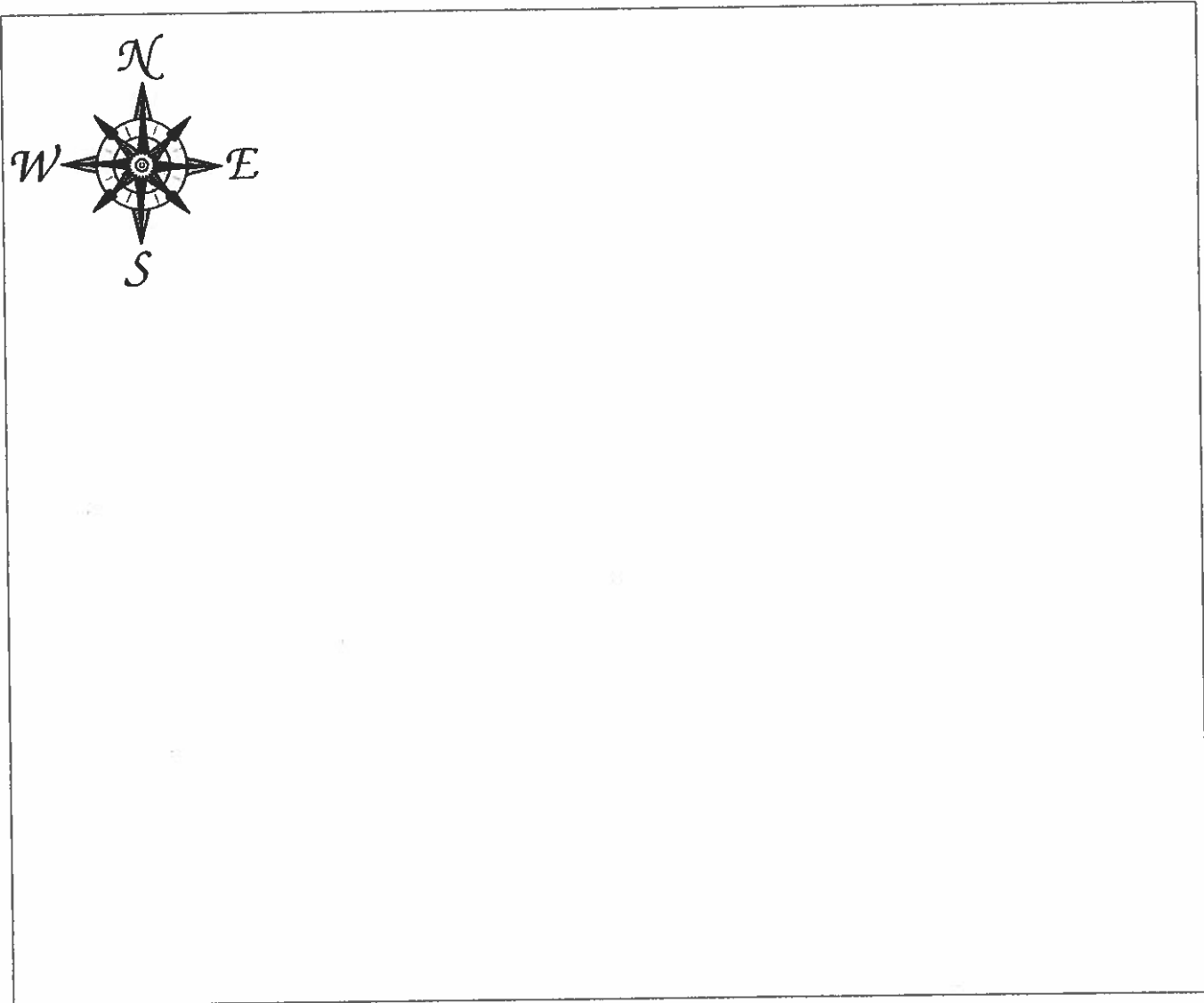
Date

Chapter Manager

Date

**BODAWAY/GAP CHAPTER
NAVAJO NATION- WESTERN AGENCY
POST OFFICE BOX 1546 GAP AZ, 86020
PHONE: 928-283-3493 FAX: 928-283-3496**

**MAP PROPERTY
PROJECT SITE LOCATIONS
(DETAILED DIRECTIONS)**



APPLICANT'S NAME: _____ **DATE:** _____

CHAPTER: _____ **AGENCY:** _____

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HOUSING DISCRETIONARY FUND ASSISTANCE

Point System Sheet

Applicant's Name: _____

Chapter: _____

Household Size:	6 or more persons	15 points _____
	3 to 5 persons	12 points _____
	1 to 2 persons	9 points _____

Household Income:	0% to 19% of maximum	15 points _____
	19.1% to 39% of maximum	12 points _____
	39.1% to 59% of maximum	9 points _____
	59.1% to 79% of maximum	6 points _____
	79.1% to 100% of maximum	3 points _____
	More than 100% of maximum	0 points _____

Fuel Type:	Electric	11 points _____
	Fuel Oil	10 points _____
	Kerosene	9 points _____
	LPG, Propane, Wood, Coal, Or Natural Gas	8 points _____

Vulnerability:	One or more than 60 years of age and handicapped	21 points _____
	More than 60 years of age	12 points _____
	Handicapped less than 59 years of age	12 points _____

Unit Condition:	In severe need of winterization	15 points _____
	In moderate need of winterization	10 points _____
	In mild need of winterization	5 points _____

* A unit condition is required to determine unit condition

TOTAL _____

SIGNATURE: _____
Chapter Manager

_____ Date