

**Russell Begaye**  
Navajo Nation President  
**Jonathan Nez**  
Navajo Nation Vice-President  
**Walter Phelps**  
Council Delegate (Birdsprings, Cameron,  
Coalmine, Leupp, and Tolani Lake



**Valerie Kelly**  
Leupp Chapter President  
**Angela Horseherder-Cody**  
Leupp Chapter Vice-President  
**Calvin Johnson**  
Leupp Chapter Secretary/Treasurer  
**Allen Jones**  
Leupp Chapter Grazing Official

**LEUPP CHAPTER**

Telephone: (928) 686-3227

CPO Box 5428 Leupp, AZ 86035

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**Leupp Chapter  
Housing Discretionary Fund Assistance Program  
Point System Sheet**

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

Chapter Affiliation: \_\_\_\_\_

<b>Household Size:</b>	6 or more people	15 points <input type="checkbox"/>
	3 to 5 people	12 points <input type="checkbox"/>
	1 to 2 people	09 points <input type="checkbox"/>
<b>Household Income:</b>	0% to 19% of maximum	15 points <input type="checkbox"/>
	19.1% to 39% of maximum	12 points <input type="checkbox"/>
	39.1 to 59% of maximum	09 points <input type="checkbox"/>
	59.1% to 79% of maximum	06 points <input type="checkbox"/>
	79.1% to 100% maximum	03 points <input type="checkbox"/>
	More than 100% of maximum	00 points <input type="checkbox"/>
<b>Fuel Type:</b>	Electric	11 points <input type="checkbox"/>
	Fuel Oil	10 points <input type="checkbox"/>
	Kerosene	09 points <input type="checkbox"/>
	LPG, Propane, Wood,	08 points <input type="checkbox"/>
	Coal, or Natural Gas	
<b>Vulnerability:</b>	One or more than 60 years of age and handicapped	21 points <input type="checkbox"/>
	More than 60 years of age	12 points <input type="checkbox"/>
	Handicapped less than 59 years of age	12 points <input type="checkbox"/>
<b>Unit Condition*:</b>	In sever need of weatherization	15 points <input type="checkbox"/>
	In moderate need of weatherization	10 points <input type="checkbox"/>
	In mild need of weatherization	05 points <input type="checkbox"/>

Total Points: \_\_\_\_\_

\*A unit condition is required to determine unit condition.

Signature: \_\_\_\_\_

Chapter Manager

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Housing Discretionary Policy

## VII. Eligibility

- A. Member of the Leupp Chapter and a voter registration of Leupp Chapter for six (6) months.
- B. Member must have extreme need of housing assistance
- C. The Chapter will prioritize the housing needs based on the assessment.
- D. Must attend the Planning and Chapter meeting on a regular basis, not just when help is needed.

## VIII. Required Documents

- A. An accurately completed Chapter Housing Discretionary Assistance Application
- B. Record of Running Ledger
- C. Signed Permission to Enter Premises Form
- D. Signed Release of Information Form
- E. A Map of the Property Location
- F. Social Security Card
- G. Voter Registration Card or Verify in the Official Voter Registry
- H. Navajo Nation Census Number (copy of Certificate of Indian Blood)
- I. Point System Form Signed
- J. Documentation from other Agencies verifying housing need (optional)
- K. Referrals from Physicians, Social Services, Community Health Representative or Entity

## IX. Selection Process

- A. The Chapter Manager and Chapter Officials shall make the selection by reviewing, evaluation, and ranking each application and referring to the Point System Sheet.
- B. The Chapter shall only accept ten (10) applications with severe need of housing assistance.
- C. The Six Basic Factors are as such:
  - 1. Annual Household Income
  - 2. Family Size
  - 3. Overcrowded Living Conditions
  - 4. Unsanitary or unsafe Living Conditions
  - 5. Elderly, Handicapped, or Disable
  - 6. Referral from other Agencies
- D. The point of allocation sheet shall be kept in each applicants folder and record the points given to the applicant for each of the above mentioned factors. .

<b>TYPE OF LABOR TO BE UTILIZED</b>	Leupp Chapter Use Only/ Projected hours per project
<input type="checkbox"/> Public Employment Program (PEP): _____	
<input type="checkbox"/> Client Self- Help: _____	
<input type="checkbox"/> Church Group: _____	
<input type="checkbox"/> Contractor: _____	
<input type="checkbox"/> Other: _____	



## Leupp Chapter Housing Discretionary Fund Assistance Program Application

Fall 20	_____
Winter 20	_____
Spring 20	_____
Summer 20	_____

Applicant's Name: _____	Telephone Number: _____ - _____ - _____
Census Number: _____	Work/Message Number: _____ - _____ - _____
Spouse's Name: _____	Telephone Number: _____ - _____ - _____
Census Number: _____	Work/Message Number: _____ - _____ - _____
Applicant's Mailing Address: _____	
Chapter Enrolled At: _____ Registered Chapter Voter? Yes <input type="checkbox"/> or No <input type="checkbox"/>	

Type of Residence:
<input type="checkbox"/> Room <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Multiple Dwelling

Type of Primary Heating:
<input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Kerosene <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other
Average Monthly Heating Bill (Before): _____ (After): _____ Cost of B.T.U. saved: _____ Comments: _____ _____ _____

Name of each household member including self:	Age:	Sex:	Social Security Number:	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 Veteran's Administration that is a percentage of disability letter or (2) The Social Security benefit verification letter under section 1.e.10 indicates payments are for disability or (3) Written determination from Federal, State or other agency providing assistance for Handicapped Person or (4) The Sub-grantee observes a visible handicap.

Leupp Chapter Office Use Only:	
Income Guidelines for a household of _____ member is \$ _____. On the basis of the above information, this household is ELIGIBLE/ NOT ELIGIBLE Reason for ineligibility: _____ _____	
Intake Worker's Signature: _____	Date: _____



**TYPE OF LABOR TO BE UTILIZED**

Leupp Chapter Use Only/ Projected hours per project

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

**IF APPLICANT IS RENTING, THE LEUPP CHAPTER MUST USE PERMISSION FORM AND OWNER AGREEMENT, IF APPLICANT IS HOME OWNER, COMPLETE THE FOLLOWING:**

**HOME OWNER CERTIFICATION**

I/We, \_\_\_\_\_, certify that I/we am/are the owner(s) of the property at \_\_\_\_\_ located on the Leupp Chapter jurisdiction.

**CERTIFICATION**

I, as a Chapter Employee of Leupp 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
NAME AND TITLE

**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:** \_\_\_\_\_

**APPLICANT’S REPRESENTATIVE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**Leupp Chapter  
Local Housing Assistance Programs  
Request for Services**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Description of Services:

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Recommendations (Authorized Personnel Only)

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Date of Quotation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Vendors:

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Requested By: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Leupp Chapter Housing Assistance Program  
Post Office Box 5428  
Leupp, Arizona 86035**

**PERMISSION TO ENTER PREMISES  
TO THE BUILDING OWNER**

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

**PERMISSION TO ENTER PREMISES**

I, as owner/ authorized agent for the building located at, \_\_\_\_\_, have read and understand the above and hereby grant permission for representative of the Leupp Chapter to enter this premise when I am present for the purposes of collecting eligibility documentation from the residents and conducting a work plan which may include assessment for housing renovation.

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**LEUPP CHAPTER**  
**Housing Discretionary Fund Assistance**  
**Post Office Box 5428**  
**Leupp, Arizona 86035**

**MAP TO PROPERTY**  
Project Site Locations



**APPLICANT'S NAME:** \_\_\_\_\_  
**CHAPTER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_  
**AGENCY:** \_\_\_\_\_



**Leupp Chapter  
Housing Discretionary Funds  
Home Application**

**Running Ledger**

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

Chapter: \_\_\_\_\_

Chapter Official's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Application: \_\_\_\_\_

Received Application: \_\_\_\_\_

Caller Or Person Contacted And Title:	Date:	Time:	Purpose:





**Leupp Chapter Housing Assistance Program  
Post Office Box 5428  
Leupp, Arizona 86035**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize the Navajo Nation through the Leupp 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 Leupp Chapter or other housing project sources.

**SIGNATURE:** \_\_\_\_\_  
Applicant  
\_\_\_\_\_  
Co-Applicant  
\_\_\_\_\_  
/ /  
Date