



Leupp Chapter House
 P.O. BOX 5428
 Leupp, Arizona 86035
 P: 928.686.3227
 F: 928.686.3232

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

Applicant Name: _____

Date Received: _____

CHECK OFF LIST

- An accurately completed Chapter Housing Discretionary Assistance Application
- Record of Running Ledger
- Signed Permission to Enter Premises Form
- Signed Release of Information Form
- A Map of the Property Location
- Social Security Card
- 3 Vendor Price Quotes for Housing Material
- Voter Registration Card or Verify in the Official Voter Registry
- Navajo Nation Census Number (copy of Certificate of Indian Blood)
- Point System Form Signed
- Documentation from other Agencies verifying housing need (optional)
- Referrals from Physicians, Social Services, Community Health Representative or Entity

Received By: _____

Date: _____

Title: _____

Applicant must attend next Chapter Planning Meeting:

Date/ Time: _____

Leupp Chapter Housing Discretionary Funds Committee Official Use Only

Date HSC Application was received by Housing Committee: _____

The Housing Discretionary Funds Committee is required to review and make a formal decision on the status of this application within **10 business days of receipt of the packet**. Upon a formal decision on the status of the application the packet must be returned to the Leupp Chapter Manager to officially inform the applicant on outcome of their application.

Date of Review of Application Request: _____

Number of times HSC reviewed: _____

Status of Application: Approved Pending Disapproved

Approved Amount:

 VACANT

 Leota Jordan, HSC Member

 Jane Dempsey, HSC Member

Reason: _____

HSC Reviewed Application Returned to Chapter Manager on: _____

For approved HSC Application Requests the LCH Administrative Assistant must process the Financial Action Form (FAF) and assign appropriate Account and GL Codes in accordance to Budget Appropriated Fund Availability. The LCH Office Specialist and or Office Aide will obtain the vendor quotes for needed Home Modification.

Dr. Buu Nygren
Navajo Nation President
Richelle Montoya
Navajo Nation Vice-President
Casey Allen Johnson
Council Delegate (Birdsprings, Cameron,
Coalmine, Leupp, and Tolani Lake



VACANT
Leupp Chapter President
Angela Horseherder-Cody
Leupp Chapter Vice-President
Rosita A. Kelly
Leupp Chapter Secretary/Treasurer
Kenny Welch
Leupp Chapter Grazing Official

LEUPP CHAPTER

Telephone: (928) 686-3227

CPO Box 5428 Leupp, AZ 86035

Facsimile: (928) 686 3232

Leupp Chapter
Housing Discretionary Fund Assistance Program
Point System Sheet

Applicant's Name: _____
Chapter Affiliation: _____

Household Size:	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"/>
Household Income:	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"/>	
Fuel Type:	Electric	11 points <input type="checkbox"/>
	Fuel Oil	10 points <input type="checkbox"/>
	Kerosene	09 points <input type="checkbox"/>
	LPG, Propane, Wood, Coal, or Natural Gas	08 points <input type="checkbox"/>
Vulnerability:	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"/>
Unit Condition*:	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
- L. 3 Quotes from vendors

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.

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: _____



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: _____

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 needed:

Recommendations (Authorized Personnel Only)

Date of Quotation: ____ / ____ / ____

Vendors:

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: ____ / ____ / ____

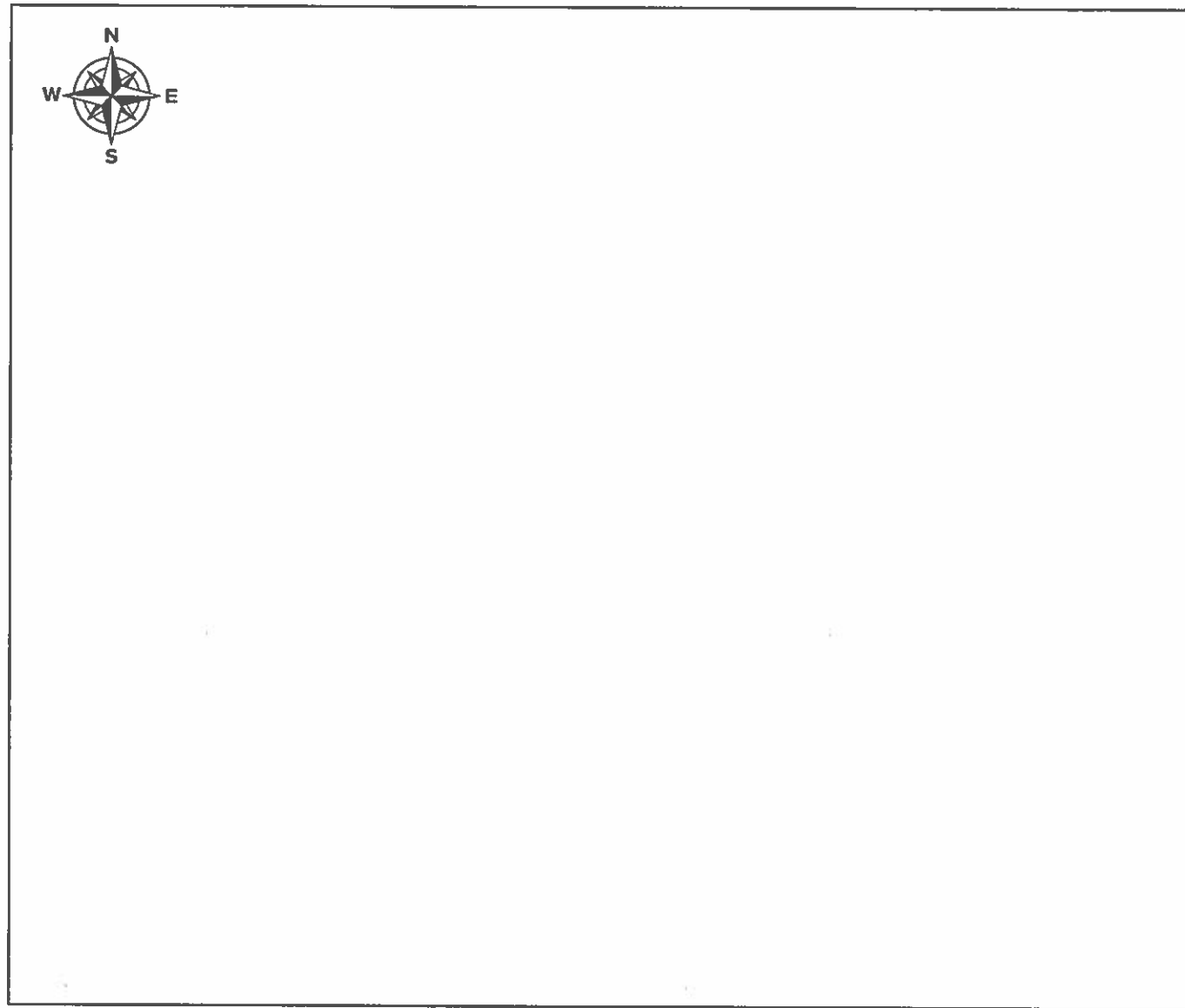
NAME: _____

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 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