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

Applicant's Name: \_\_\_\_\_  
Chapter Affiliation: \_\_\_\_\_

**Household Size:** 6 or more people 15 points   
3 to 5 people 12 points   
1 to 2 people 09 points

**Household Income:** 0% to 19% of maximum 15 points   
19.1% to 39% of maximum 12 points   
39.1 to 59% of maximum 09 points   
59.1% to 79% of maximum 06 points   
79.1% to 100% maximum 03 points   
More than 100% of maximum 00 points

**Fuel Type:** Electric 11 points   
Fuel Oil 10 points   
Kerosene 09 points   
LPG, Propane, Wood,  
Coal, or Natural Gas 08 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 sever need of weatherization 15 points   
In moderate need of weatherization 10 points   
In mild need of weatherization 05 points

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. .

#### 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: \_\_\_\_\_



**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  or No

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

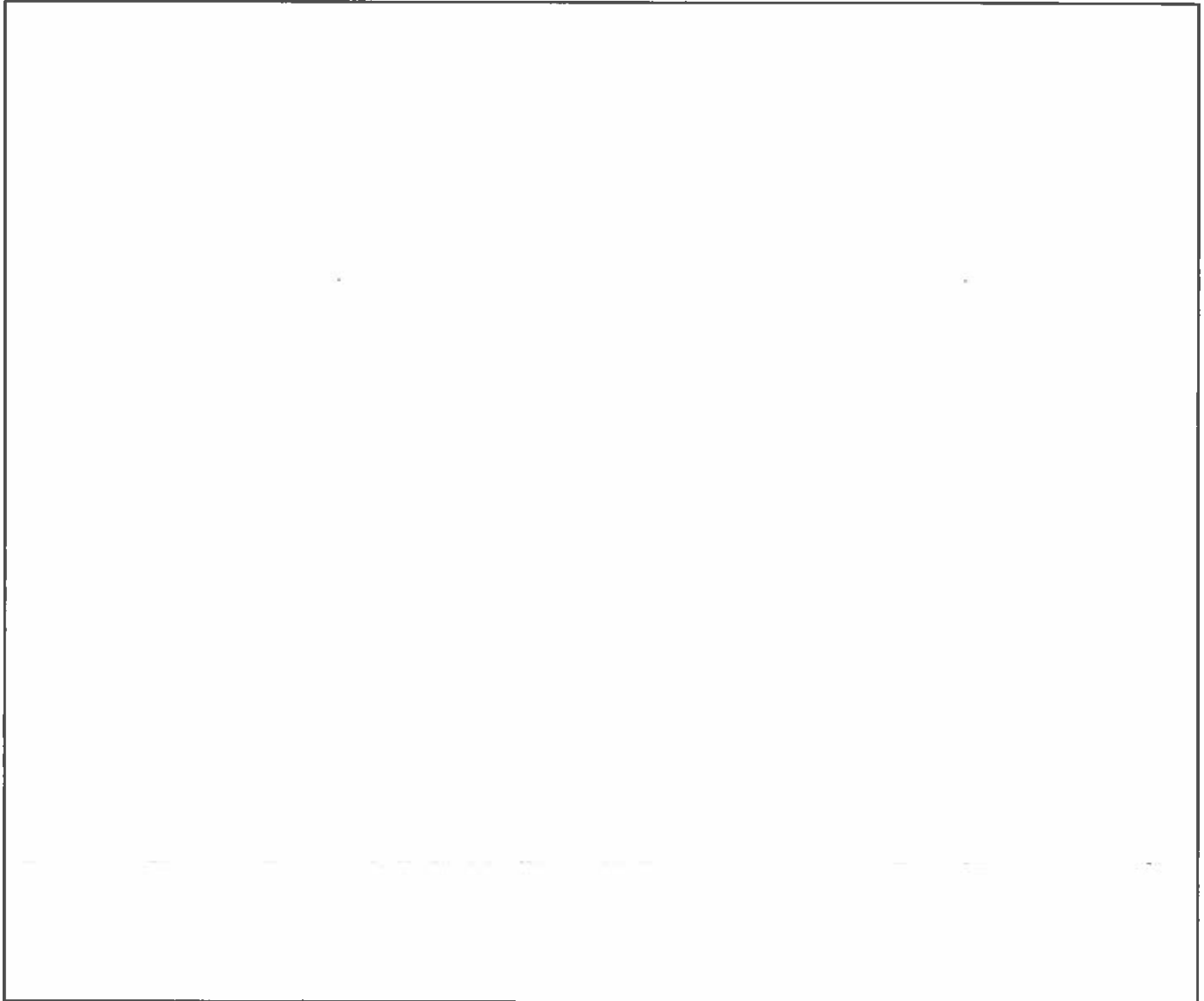
**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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

**MAP TO PROPERTY**  
**Project Site Locations**

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**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



# FY 2018 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov HUD User Home Data Sets Fair Market Rents Section 8 Income Limits MTSP Income Limits HUD LIHTC Database

## FY 2018 Income Limits Summary

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

FY 2018 Income Limit Area	Median Family Income Explanation	FY 2018 Income Limit Category								
		1	2	3	4	5	6	7	8	
<b>Flagstaff, AZ MSA</b>	\$75,100	Very Low (50%) Income Limits (\$) Explanation	24,500	28,000	31,500	<b>35,000</b>	37,800	40,600	43,400	46,200
		Extremely Low Income Limits (\$)* Explanation	14,700	16,800	20,780	<b>25,100</b>	29,420	33,740	38,060	42,380
		Low (80%) Income Limits (\$) Explanation	39,200	44,800	50,400	<b>56,000</b>	60,500	65,000	69,450	73,950

**NOTE:** Coconino County is part of the **Flagstaff, AZ MSA**, so all information presented here applies to all of the **Flagstaff, AZ MSA**.

The **Flagstaff, AZ MSA** contains the following areas: Coconino County, AZ;

\* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.