



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.



Leupp Chapter Housing Discretionary Fund Assistance Program Application

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:

- 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.



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:

Recommendations (Authorized Personnel Only)

Date of Quotation: ____ / ____ / ____

Vendors:

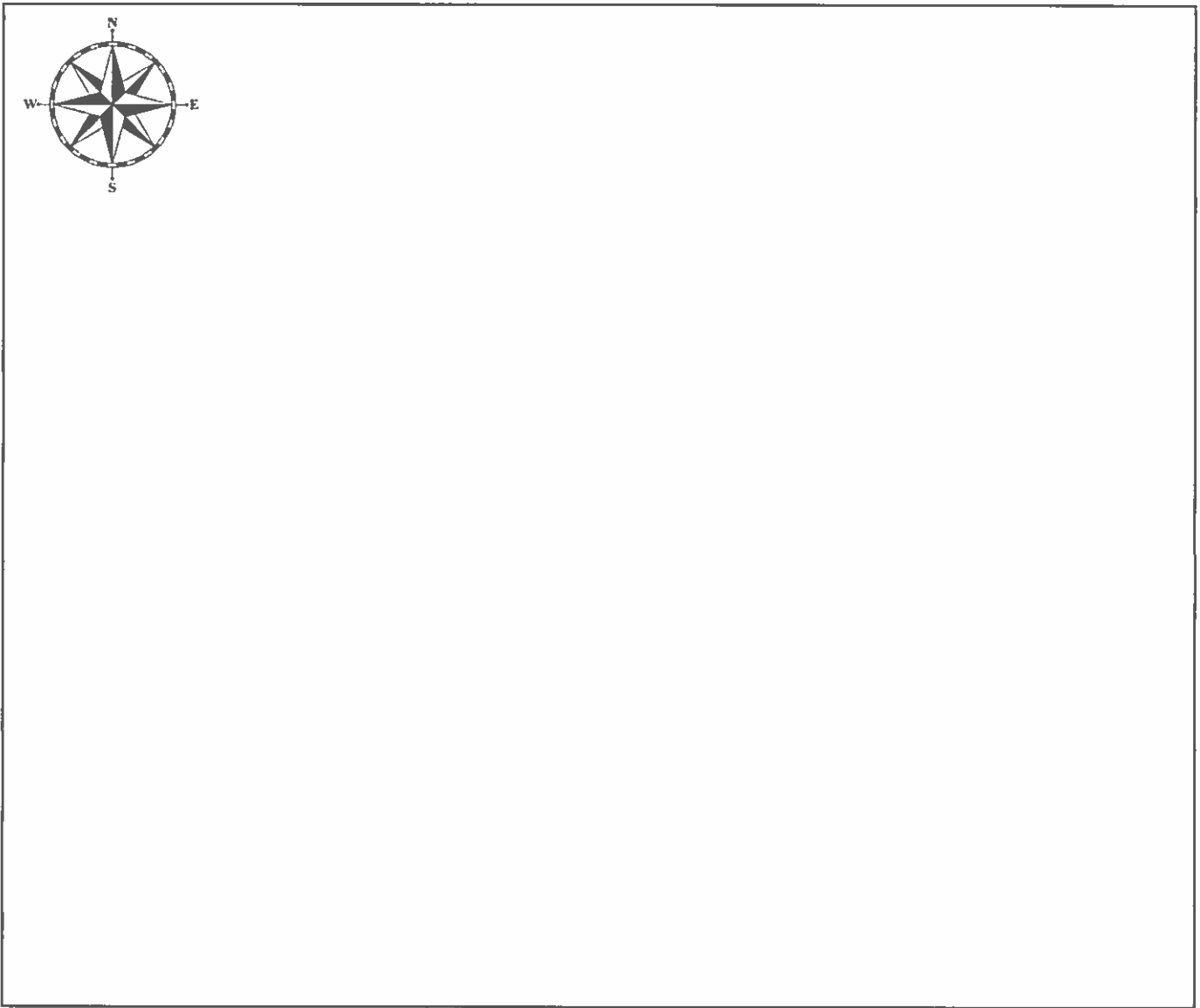
Requested By: _____

Date: ____ / ____ / ____



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

MAP TO PROPERTY
Project Site Location



APPLICANT'S NAME: _____
CHAPTER: _____

DATE: _____
AGENCY: _____



**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 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