



# Shiprock Chapter Government Of the Navajo Nation



P.O. Box 3810 | Shiprock, New Mexico 87420-3810

Email: [shiprock@navajochapters.org](mailto:shiprock@navajochapters.org) | Phone: (505) 368-1081 | Fax: (505) 368-1092 | Website: [shiprock.navajochapters.org](http://shiprock.navajochapters.org)

## **Housing Discretionary Financial Assistance Program Policies and Procedures**

### **REQUIRED DOCUMENTS– Check List**

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

- A registered member of the chapter for a minimum six (6) months.
- Shiprock Chapter Voters Registration Card
- Must prove ownership of the dwelling.
- Must prove the home is the primary residence of the applicant(s).
- Driver’s License or Identification Card
- Certificate of Indian Blood
- Home Site Verification
  - a. Evidence of land ownership of potential ownership in the form of, an affidavit or documented proof of fee title, trust title, leasehold interest, use permit, indefinite assignment, or other exclusive possessory interest including customary use;
  - b. Documented ownership of Navajo Nation Trust or allotted trust land, Navajo Home Site Leases, Residential Leases, or allotment records are required. Certification from the Office of Navajo Land Administration can be utilized in lieu of Navajo Home Site.
- Map to property – Chapter will Google map site.
- Income verification statement of everyone in the home, along with a zero-income statement when applicable.
- Referrals
  - a. Physician
  - b. Social worker
  - c. Community Health Representative
  - d. Other if applicable
- Authorization for Release of Information, included in application.
- Statement of Emergency – Police report, documentation of Flood, Fire, etc.

**CHAPTER OFFICIALS**

Nevina D. Kinlahcheeny – President  
Debra A. Yazzie -Vice President  
Dr. J. Kaibah Begay – Secretary/Treasurer

**GRAZING OFFICIAL**

Sarah Denetclaw-Begay

**FARM BOARD**

Beatrice Redfeather-Benally

**COUNCIL DELEGATE**

Eugenia Charles-Newton



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## Application for Housing Discretionary Funds

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Census Number: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Please prioritize your request for need, number 1 the most needed to number 4 least needed:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

Is the home occupied?  Yes  No  Seasonally

How Many people live in the household and their ages?

\_\_\_\_\_  
 \_\_\_\_\_

What Utilities are available?

Water  Community Sewer  Septic  Electric  Natural Gas  Propane

Number of bedrooms: \_\_\_\_\_ Size of house (in feet): \_\_\_\_\_

Do you have Home Site Lease?  Yes  No Annual Income: \$ \_\_\_\_\_

Have you ever received assistance from the Tribe/Chapter Housing Discretionary Funds before?

No  Yes When? \_\_\_\_\_

Does any member of the permanent household have a severe health problem, handicap, or a permanent

disability?  No  Yes Description of illness or disability: \_\_\_\_\_

Are you a veteran of U. S. Military?  Yes  No

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Please provide income verifications for household members areas 16 years and older. Attach paycheck stubs, retirement statement, if retired, unemployment statement, General Assistance etc.

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Date	Signature of Applicant
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Date	Signature of Applicant
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## Application for Housing Discretionary Funds - Policies and Procedures

### III. TYPES OF ASSISTANCE:

- A. Category A (Minor repair) is for repairs and maintenance type work for occupied existing houses.**
- B. Category B (Major Repair or Addition) is for repairs of occupied existing houses to bring the structures up to safe and livable conditions, and may include plumbing and electrical work. It also is for additions to occupied existing houses in order to provide more adequate living spaces or bathrooms for sanitation reasons.**
- C. Category C (Partial Assistance) is for partially financed, self-help construction of new houses. Electrical wiring and plumbing are allowed under this category.**
- D. Category D (New Construction) is for construction of new houses with electrical wiring and plumbing.**

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## Housing Application for Housing Discretionary Funds Authorization for Release of Information

I, \_\_\_\_\_ hereby authorize Shiprock Chapter Government to obtain and verify all necessary information for completion of my housing assistance application including but not limited to information on my land interest and household income. Further, I hereby release all persons and organizations from liability for providing legally relevant information in connection with my housing application. I understand and acknowledge that this information will be used in determining my eligibility and extent of housing assistance through Shiprock Chapter Government or other housing project sources.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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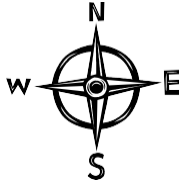


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## Application for Housing Discretionary Funds Map to Property



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