Cameron Chapter
Veteran’s Housing Discretionary Funds

Checklist for Required Documents

_____ 1. Completed and Signed Veteran’s Housing Discretionary Fund Application
_____ 2. Income Verification
_____ 3. Authorization for Release of Information
_____ 4. Map to Property
_____ 5. Copy of Applicant’s Certification of Indian Blood
_____ 6. Copies of Social Security Cards for all household members
_____ 7. Material Listing and price from 3 different vendors (QUOTES MUST BE UNDER $1500.00 or Original Letter for Archaeological Clearance
_____ 8. Applicant MUST attend the PLANNING and REGULAR CHAPTER MEETING
_____ 9. DD214
_____ 10. Voters Registration-Blue Form with Notation Stating “VOTER COPY” at the bottom.

DATE APPLICATION WAS COMPLETED: __________________________

VENDOR SELECTION: _______________________________________

AMOUNT REQUESTING: ________________________________

VARIFIED BY: __________________________________________

(FOR OFFICE USE ONLY)

CHAPTER MEETING APPROVAL DATE: ________________ VOTES: ________________
AMOUNT APPROVAL FOR: ___________________________ VENDOR: ________________
CHECK #: ______________________________ ACCOUNT#: __________________

______________________ __________________________
Louise Kerley, Secretary/Treasurer DATE
VETERAN'S HOUSING DISCRETIONARY APPLICATION
FOR VETERAN'S HOUSING DISCRETIONARY FUNDING

Name: ________________________________________________ Social Security Number: ____________________________

Census Number: ____________________________________ Spouse's Name: ________________________________

Permanent Address: ________________________________ Gender: MALE [ ] FEMALE [ ]

Chapter: ________________________________________

Name of any relations you have who are employed by the Chapter or serve as elected officials

__________________________ ____________________________

Names of person living in the household on a permanent basis:

__________________________ ____________________________

__________________________ ____________________________

__________________________ ____________________________

__________________________ ____________________________

Income information of all persons over 16 years of age living in the household beginning with the applicant's income
(Attach Form W-2, Wage stub, award letter from Social Security, Retirement, Unemployment, etc.)

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOURCE OF INCOME</th>
<th>AMOUNT</th>
<th>EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ANNUAL INCOME: ____________________________

Location of house to be repaired, constructed, or purchase, including directions to the house.

__________________________ ____________________________

__________________________ ____________________________

__________________________ ____________________________

__________________________ ____________________________

__________________________ ____________________________

__________________________ ____________________________

__________________________ ____________________________

__________________________ ____________________________
IS ELECTRICITY AVAILABLE:  [ ] YES  [ ] NO

NAME OF UTILITY COMPANY:

SEWER SYSTEM:  [ ] CITY SEWER  [ ] SEPTIC SYSTEM
[ ] OUTHOUSE  [ ] CHEMICAL TOILET

FLUSH TOILET?  [ ] YES  [ ] NO  BATHTUB OR SHOWER?  [ ] YES  [ ] NO

WATER SYSTEM:  [ ] CITY WATER  [ ] PRIVATE WELL  [ ] COMMUNITY TANK
[ ] OTHERS

NAME OF SEWER AND WATER UTILITY COMPANY:

NUMBER OF BEDROOMS:_________________  SIZE OF HOUSE (IN FEET):

_________________

DO YOU OWN THE LAND ON WHICH YOU WISH TO RENOVATE OR BUILD:  [ ] YES  [ ] NO

NAME OF OWNER:

THE LAND IS CURRENTLY:
[ ] INDIVIDUAL TRUST  [ ] TRIBAL TRUST  [ ] INDIVIDUALLY RESTRICTED
[ ] TRIBAL RESTRICTED  [ ] TRIBAL FEE SIMPLE  [ ] FEE PATENTED
[ ] OTHERS:_________________

THE LAND IS POSSESSIVE PURSUANT TO A:  [ ] LEASEHOLD INTEREST  [ ] USE PERMIT
[ ] INDEFINITE ASSIGNMENT FOR JOINT OWNERSHIP AS DESCRIBED:

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED VETERANS HOUSING DISCRETIONARY FUNDS BEFORE?
[ ] YES  [ ] NO

IF YES, PLEASE EXPLAIN WHO AND THE AMOUNT RECEIVED:

AMOUNT OF $_________________

DO YOU OWN ANY OTHER HOUSE?  [ ] YES  [ ] NO

IF YES, THE HOUSE IS LOCATED AT_________________ AND OCCUPIED BY_________________.

HAVE YOU APPLIED FOR ASSISTANCE FROM AN INDIAN HOUSING AUTHORITY, TRIBAL CREDIT PROGRAM OR PRIVATE LENDING INSTITUTION:  [ ] YES  [ ] NO

IF YES, I APPLIED ON_________________ AND WILL ATTACH PROOF OF DENIAL FROM THESE SOURCES TO THIS APPLICATION.

DOES ANY MEMBER OF YOUR PERMANENT HOUSEHOLD HAVE A SERIOUS HEALTH PROBLEM, HANDICAPPED OR PERMANENT DISABILITY?  [ ] YES  [ ] NO

NAME:

BRIEF DESCRIPTION OF HEALTH PROBLEM:

I(WE),_________________ CERTIFY THAT ALL ANSWERS GIVEN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY(OUR) KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

_________________  ____________________
SIGNATURE  DATE

_________________  ____________________
SIGNATURE  DATE
INCOME INVERIFICATION STATEMENT

APPLICANT(S): _______________________________ DATE: ______________

APPLICANT'S SOCIAL SECURITY NUMBER: ________________________________

The Cameron Chapter is requesting your assistance to verify income information for the above-mentioned applicant who is applying for Veterans Housing Discretionary Funds from the Chapter. To assist our Chapter and the applicant, we are requesting you to provide us with income information as requested at the bottom of this page. Be assured that the information supplied by you will be kept confidential and be used only in determining eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Sincerely,


Cameron Chapter

*******************************************************************************

(To be completed by Applicant’s Employer or assisting Social Services Agency)

EMPLOYER/AGENCY NAME:

NAME OF PERSON COMPLETING THIS FORM:

TITLE OF PERSON COMPLETING THIS FORM:

APPLICANT'S OCCUPATION:

DATE OF EMPLOYMENT:

SALARY/WAGE: BASE PAY RATE:

EFFECTIVE DATE OF BASE PAY RATE:

AVERAGE NUMBERS OF HOURS WORKED PER WEEK:

TOTAL MONTHLY INCOME/ASSISTANCE:

TYPE OF ASSITANCE:

SIGNATURE: DATE:
VETERANS HOUSING DISCRETIONARY FUNDS
CAMERON CHAPTER
P.O. BOX 669
CAMERON AZ 86020

AUTHORIZATION FOR RELEASE OF INFORMATION

I, ___________________________ hereby authorize the Navajo Nation through the Cameron Chapter Veterans Housing Discretionary Assistance to obtain all necessary information for completion of my application for weatherization and/or renovation 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 Discretionary Funds Assistance through the Cameron Chapter or other housing project sources.

Applicant’s Signature

Co-Applicant’s Signature

Today’s Date
MAP TO PROPERTY
(Physical location of existing house; please specify your home with an “X”)
# MATERIAL LISTING

**CLIENT'S NAME**

**LOCATION:**

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>