

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: _____

AMOUNT APPROVAL FOR: _____

CHECK #: _____

VOTES : _____

VENDOR: _____

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: _____

Chapter _____ Gender
MALE ☐ FEMALE ☐

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.)

NAME	SOURCE OF INCOME	AMOUNT	EMPLOYER

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 POSSESSED 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 SEVERE 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.

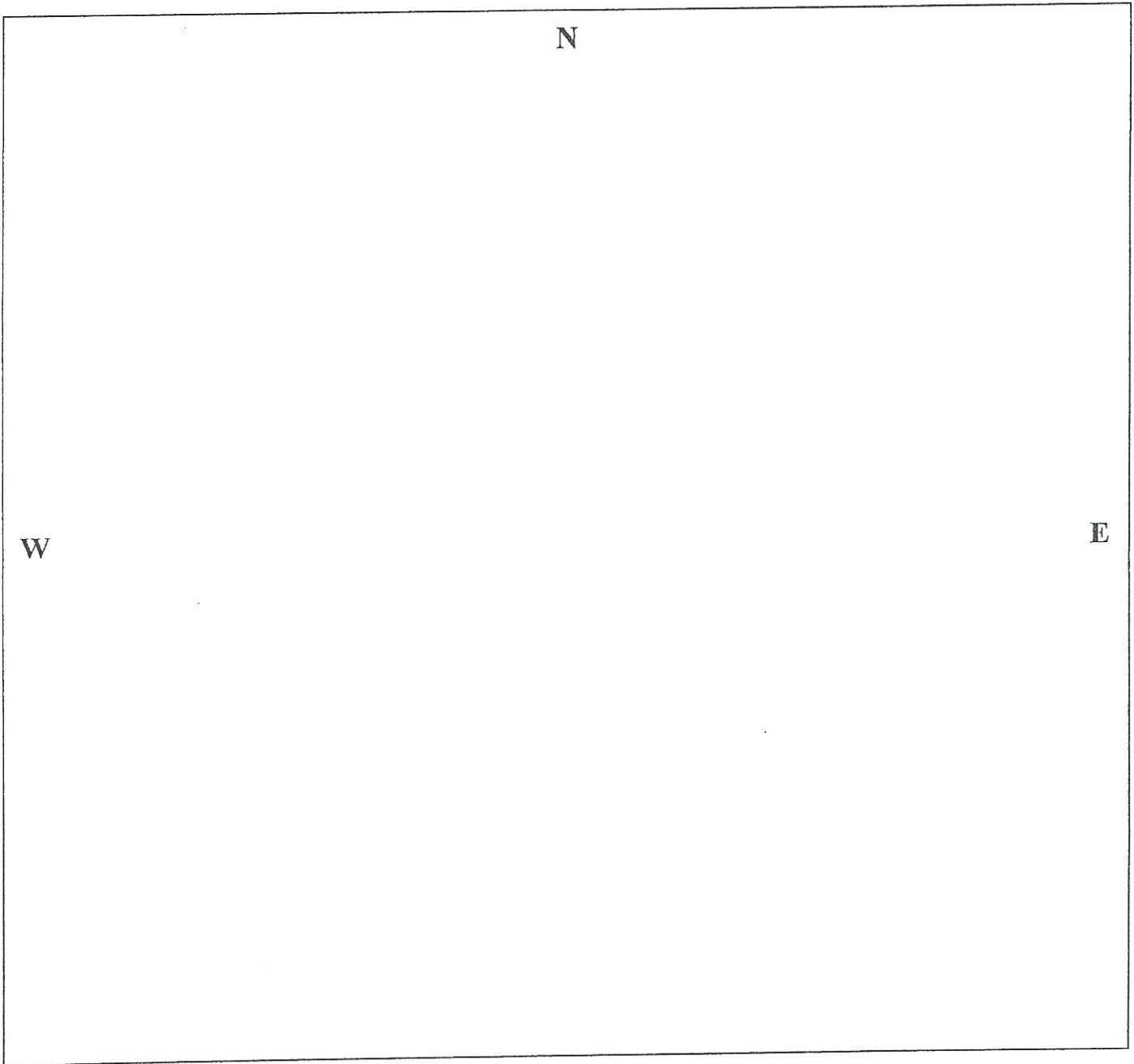
Applicant's Signature

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:

[illegible]