



Larry J. King, *President*
Dr. Carolene Whitman, *Vice President*
Francine Smith, *Secretary/Treasurer*
Alvin Billie, *Community Service*
Coordinator (CSC)
Website: churchrock.navajochapters.org

Churchrock Chapter
Post Office Box 549 Churchrock, New Mexico 87311
Tel. 505-488-2464 FAX: 505-488-2190

Steven Arviso, *Council Delegate*
Heather Kinlacheeny, *LDA*
Emery Chee, *Land Board Member*
Sabrina Eley,
Account Maintenance Specialist (AMS)
Email: churchrock@navajochapters.org

Housing Discretionary Fund Application Process

1. Applicant(s) comes to the Office requesting for an application packet.
2. Application must be completely filled out and signed to be stamped for receiving date.
3. **All** required documents **MUST** be attached to application upon submission.
4. Office Assistant/Administrative Assistant checks for **all required** documents being turned in:
 - a) HDF application form signed and dated
 - b) Driver's License or ID
 - c) CIB
 - d) SS Card
 - e) Voter's Registration Card
 - f) Completed Homesite or Residential Lease
 - g) Household Income
 - h) Quotes, after a home visit is done and pictures taken
4. Applicant(s) must attend a Planning Meeting to make the request official. If they are unable to attend due to work then a family member may make the request for applicant(s).
5. Once their name(s) appears on the agenda, the applicant(s) must wait for the Regular Chapter Meeting before receiving word if they have been awarded the HDF.
6. The Secretary/Treasurer must have a resolution prepared for the HDF award so that it can be included in the resolution log as well as the applicant(s) file.
7. At the Regular Chapter Meeting, the community votes to approve or disapprove the applicant(s) whose name(s) appears on the list for HDF.
8. Once the approval is complete, the AMS then processes the check for the applicant(s), made payable to the applicant(s). A copy of the check and resolution is included in the applicant(s) file.

Deadlines must be followed. Deadlines will be posted and/or announced on the radio stations.



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Housing Discretionary Fund (HDF) Agreement Form

In order to be considered for Housing Discretionary Assistance, the following must be met:

1. Applicant(s) must not have received any type of assistance from the HDF Program in the last 3 (three) years.
2. Housing Discretionary Fund Application must be completed with all required documents turned in before any assistance is determined. The documents include: *Driver's License or State Issued ID, Social Security Card, Certificate of Indian Blood (CIB), Voters Registration, Income Verification, **Signed and Certified Homesite Lease or Residential Lease, Land Survey and Archeological/Biological Clearances.***
3. The **Permission to Enter Premises, Authorization for Release of Information and Map to Residence Forms** must be signed and dated, with map legible and with clear instructions before submitting to the Churchrock Chapter Office Administration.
4. All information submitted by the applicant(s) must be current and correct with the names of all household members listed.
5. A list of materials needed for the project must be submitted to the Churchrock Chapter within 10 working days (2 weeks). A **Work Order Form** can also be submitted to allow a PEP worker(s) to perform Home Assessment to obtain a material listing.
6. Applicant(s) must attend the Churchrock Monthly Planning Meeting and request for HDF assistance. The applicant(s) must pick up the HDF package and begin gathering required documents. After the application has been approved by the Chapter Administration, the applicant's name(s) will be placed on a Chapter Resolution to be voted on by the community members during a monthly Regular Chapter Meeting.
7. All purchasing records, i.e., *Purchase Receipts, Invoices, Will-Call Orders* must be returned to the Churchrock Chapter within 90 days of the check being picked up by the applicant(s) for record keeping. Failure to do so by the applicant(s) can result in future ineligibility until receipts are turned in, or unless otherwise waived by the Churchrock Chapter Management.
8. Acknowledgement that this **Housing Discretionary Fund Agreement Form** follows the standards set by the *Churchrock Chapter Housing Discretionary Fund Policies & Procedures Manuel*, and any failures by the applicant(s) to meet any of the policies set forth can result in immediate ineligibility.

I have read (or explained to me in Navajo) the **Housing Discretionary Fund Agreement Form** and understand and agree to comply with it.

Applicant Signature

Date

Applicant Signature

Date

CRC Administration Signature

Date



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PROJECT APPLICATION CHECKLIST

Name: _____ Date Submitted: _____ CRC - _____
 Address: _____ Phone No.: _____

REQUIRED DOCUMENTS:

1. _____ Project Application
 - _____ Sign & Dated Permission for Entering and Authorization for Information Release
 - _____ Accurate & Detailed Map to Residence
2. _____ Driver's License or State Issued Identification Card (ID)
3. _____ Certificate of Indian Blood (CIB)
4. _____ Copy of Social Security Card(s)
5. _____ Copy of Voter's Registration or Verified in Voter's Registration Book: _____
 (Date verified & By)
6. _____ **Signed and Certified** Copy of Home Site or Residential Lease
 - _____ Archeological Survey/Clearance
 - _____ Survey Plot
7. _____ Household Income
8. _____ Agreement Form; signed & dated
9. _____ HD Project List Form & 'Before' pictures need to be completed
10. _____ Must attend Planning Meeting _____ & Regular Meeting _____

Application verified by: _____ Date: _____

Comments: _____

ADMINISTRATION USE ONLY	
Income Guidelines for household of _____ members is \$ _____.	Based on the above information, this
Applicant is: _____	<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> PENDING
Reason(s) for ineligibility: _____	
Administration Signature: _____	Date: _____



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PROJECT APPLICATION

Housing Discretionary
 Powerline Extension
 Other: _____

Archaeological Clearance
 Service Line Agreement (SLA)
 Other: _____

Land Survey
 House Wiring

A. APPLICANT INFORMATION

Applicant's Name: _____ Census Number: _____
 SocSecNo.: _____ DOB: _____ Home/Cell No.: _____
 Name of Spouse: _____ Census Number: _____
 SocSecNo.: _____ DOB: _____ Home/Cell No.: _____
 Mailing Address: _____
 Physical Address: _____

B. FAMILY INFORMATION (List *all* persons living with you)

Name	Census No.	Date of Birth	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			

C. INCOME VERIFICATION

TYPE OF INCOME: EMPLOYMENT UNEMPLOYMENT DISABILITY
 SELF EMPLOYMENT RETIREMENT SSI
 GENERAL ASSIST. ROYALTIES OTHER: _____

Income Amount: \$ _____ Hourly Weekly Bi-Weekly Monthly Annually
 Income Amount: \$ _____ Hourly Weekly Bi-Weekly Monthly Annually

D. HOUSING INFORMATION

Hogan: _____ Permanent House: _____ Mobile Home: _____ Rental Unit: _____ Hotel: _____
 Electricity Available: _____ Name of Utility Company: _____
 Water Available: _____ Name of Utility Company: _____

G. APPLICATION CERTIFICATION

I, (We), certify that all information provided are true, complete and correct to the best of mu knowledge and are made in good faith.

 Applicant Signature Date Co-Applicant Signature Date

PERMISSION TO ENTER PREMISES

I, _____ as the owner/authorized agent for the building located at _____
_____ understand and hereby grant permission for the representative(s) of Churchrock Chapter
to enter the premises to collect data, documentation from/of the resident and conduct a work plan which may
include home assessment for house renovation.

Applicants Signature

Date

Co-Applicants Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize the Churchrock Chapter to obtain all pertinent
information needed to complete my assistance. I understand and acknowledge this information will be used to
determine my eligibility.

Applicants Signature

Date

Co-Applicants Signature

Date

Directions from Churchrock Chapter to your location of residence: _____
(House number, description of home, name of road and if any landmarks)

MAP TO HOME LOCATION:

