



CHURCH ROCK CHAPTER

PROJECT APPLICATION

<input type="checkbox"/> Housing Discretionary	<input type="checkbox"/> Bathroom addition	<input type="checkbox"/> Land Survey	<input type="checkbox"/> Archaeological Clearance	<input type="checkbox"/> Utilities (water, electricity)	Other: _____
--	--	--------------------------------------	---	---	--------------

You are required to attend Chapter Planning Meeting: _____ AND Regular Chapter Meeting: _____.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO APPLICATION

<input type="checkbox"/> Certificate(s) of Indian Blood (for all household members)	<input type="checkbox"/> Copy of Driver License or ID	<input type="checkbox"/> Proof of Voter Registration
<input type="checkbox"/> SS card(s) (for all household members)	<input type="checkbox"/> Home Site Lease	<input type="checkbox"/> Last Assisted: _____
<input type="checkbox"/> Three (3) quotes needed (less than 3 will be disqualified)	<input type="checkbox"/> Map to the location	<input type="checkbox"/>

A. APPLICANT INFORMATION

MARITAL STATUS: () SINGLE () MARRIED () WIDOWED

APPLICANT'S NAME: _____ MAILING ADDRESS: _____

CENSUS NO.: _____ SSN: _____ DOB: _____ Home/Cell PHONE: _____

NAME OF SPOUSE: _____ SSN: _____ DOB: _____ CENSUS NO.: _____

RESIDENTIAL ADDRESS: _____

Registered voter of Churchrock: Yes No How long have you lived at this residence? _____

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

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

C. INCOME VERIFICATION

TYPE OF INCOME: PAYROLL DISABILITY UNEMPLOYMENT

RETIREMENT SELF EMPLOYMENT SOCIAL SECURITY INCOME

GENERAL ASSISTANCE ROYALTIES OTHER: _____

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

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

D. APPLICATION CERTIFICATION

I certify that all information and answers provided are true, complete and correct to the best of my knowledge, and are made in good faith.

_____ Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

CHURCHROCK CHAPTER USE ONLY

Income Guidelines for a household of _____ members is \$_____ Based on the above information, this application is

ELIGIBLE **NOT ELIGIBLE** Reason(s) for ineligibility: _____

Administration signature: _____ Date: _____

E. **HOUSING INFORMATION**

Room: _____ Mobile Home: _____ Single Family: _____ Multiple Dwelling: _____ Rental Unit: _____
 Electricity available? _____ Name of Utility Company: _____
 Number of bedrooms: _____ **Bathroom facility:** () Indoor () Outside
Water Source: () Private () Community Tank () Other: _____

F. **LAND INFORMATION**

What Land Status do you currently reside on?

[] Residential Lease [] Home site Lease [] Individual Trust Land
 [] Tribal Fee Land [] Other(explain): _____

MAP TO HOME LOCATION:

Give directions from Churchrock Chapter to your location of residence:

N

S

W

E

Explain your request for Assistance (What happened? When did it happen? How did it happen? Where did it happen?)

AUTHORIZATION FOR RELEASE OF INFORMATION:

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

Applicant Signature Date Spouse 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 of Churchrock Chapter to enter the premises to collect data, documentation from the resident and conducting a work plan which may include home assessment for housing renovation.

Applicant signature date Spouse's Signature date

HOME ASSESSMENT

DATE: _____

Name: _____ Time: _____ PICTURES: Yes No

Location of the residence:

ASSESSMENT: _____

MATERIALS NEEDED:

MATERIALS AVAILABLE and do not need to be ordered:

<input type="checkbox"/> Nails	<input type="checkbox"/> Plywood	<input type="checkbox"/> Post / Fencing
<input type="checkbox"/> Sheet Rock	<input type="checkbox"/> Wafer Boards	<input type="checkbox"/> Joint Compound
<input type="checkbox"/> Base Boards	<input type="checkbox"/> Brushes/Rollers	<input type="checkbox"/> Taping Paper
<input type="checkbox"/> Roofing Paper	<input type="checkbox"/> Felt paper	<input type="checkbox"/> Tiles / Flooring
<input type="checkbox"/> Cement	<input type="checkbox"/> Sand / Gravel	<input type="checkbox"/> Lumber (size)
<input type="checkbox"/> Door(s): Interior: _____ Exterior: _____	<input type="checkbox"/> Metal Edges	<input type="checkbox"/> Screws:
<input type="checkbox"/> Window(s)	<input type="checkbox"/> Corner Beads	<input type="checkbox"/> Cinder Blocks
<input type="checkbox"/> Paint: Interior: _____ Exterior: _____	<input type="checkbox"/>	<input type="checkbox"/>

Project Coordinator

Date

Community Service Coordinator

Date

Home Owner

Date

TYPE OF LABOR TO BE UTILIZED:

<input type="checkbox"/>	Public Employment Program (PEP):	_____
<input type="checkbox"/>	Client's Self Help:	_____
<input type="checkbox"/>	Church Group:	_____
<input type="checkbox"/>	Contractor:	_____
<input type="checkbox"/>	Other:	_____