



Larry J. King, *President*
 Dr. Carolene Whitman, *Vice President*
 Francine Smith, *Secretary/Treasurer*

Churchrock Chapter

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

Edmund Yazzie, *Council Delegate*
 Barbara O'Keefe, *LDA*
 Emery Chee, *Land Board Member*

VACANT
 Community Service Coordinator

churchrock@navajochapters.org

VACANT
 Account Maintenance Specialist

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 Map to Residence
2. _____ Drivers 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
 - _____ Survey Plot/Clearance
7. _____ Household Income
8. _____ Three (3) quotes from three (3) different vendors
9. _____ 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

Application is: _____ ELIGIBLE _____ NOT ELIGIBLE _____ 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: _____ Multiple Dwelling: _____ 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: _____

MAP TO HOME LOCATION:

