



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
VACANT,
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 Manual*, 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

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



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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: _____ 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: _____
(House number, description of home, name of road and if any landmarks)

MAP TO HOME LOCATION:

E

N

S

W

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HOUSING DISCRETIONARY PROJECT LIST FORM

Date: _____

Name: _____

Phone No: _____

Mailing Address: _____

Message No: _____

Physical Address: _____

Type of work to be done:

Will PEP workers be required: YES ☐ NO ☐

If yes, fill out a Work Order

Type of materials/supplies requesting:

- 1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____
7) _____ 8) _____ 9) _____
10) _____ 11) _____ 12) _____

Applicant Signature

Date

Administration

Date

☐ Approved

☐ Disapproved

☐ Pending _____

Project Manager/CSC

Date

Notes:

Before Photos taken on: _____

After Photos taken on: _____

ATTACH BEFORE & AFTER PHOTOS