

# Tohatchi Chapter Housing Assistance Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_ Completed Application
- \_\_\_ Copy of Home Site Lease
- \_\_\_ Signed Memorandum of Agreement
- \_\_\_ Authorization of Release of information (Tax and Audit Purpose)
- \_\_\_ Copy of Social Security
- \_\_\_ Copy of Voter Registration
- \_\_\_ Copy of Certificate of Indian Blood (CIB)
- \_\_\_ Copy of Identification Card, Driver's License, or Tribal I.D.
- \_\_\_ Copy Document of Medial Disability (Physician, Social Worker, Community Health Representative, Veterans Admiration)
- \_\_\_ Copy of DD214-Veterans Status
- \_\_\_ Map of Location
- \_\_\_ Scope of Work (Completed by contractor or estimator)
- \_\_\_ Pictures of the Renovation Before and After project is completed
- \_\_\_ 3 Price Quotations for Vendor

**Note: Understand that the applicant is responsible for the completing and turning in this application of assistance with all documentation. To assist with the application process please make sure everything is correct. Also, the type of assistance you checked is not the amount that you will receive. Understanding the amount can be adjusted by our contractor and or estimator. This will ensure proper amount and materials that will be given the applicant to complete his or her renovation or project and allow funding to be administered equally and fairly. In addition, the final approval of the application will be with the chapter membership at regular duly called planning and chapter meeting. The Chapter Administration and Chapter Officials are ONLY here to review and the application.**

Name: \_\_\_\_\_ Maria Allison, Tohatchi Chapter CSC Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sonny Moore, Tohatchi Chapter President Date: \_\_\_\_\_

# Tohatchi Chapter Housing Assistance Application

Revised and Approved: September 30, 2021

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ CENSUS NUMBER: \_\_\_\_\_

HOME/CELL NUMBER: \_\_\_\_\_ WORK: \_\_\_\_\_

ARE YOU A REGISTERED VOTER WITH TOHATCHI CHAPTER: YES OR NO

ARE YOU A MILITARY VETERAN: YES OR NO

IS YOUR DD214 ON FILE AT THE CHAPTER: YES OR NO

## CHECK WHAT TYPE OF ASSISTANCE:

\_\_\_\_\_ **MINOR HOME ASSISTANCE (\$1,500.00):** Minor is maintenance type repair for current **occupied home**. Anything inside or out that would consist of any repair that does exceed \$1,000.00 and can be fixed by the home owner. E.I. (Broken door, window, sink, toilet, tile, Screen door, light fixtures, paint (inner or outer), siding and supplies, such as nails, glue, staples, screws, etc.).

\_\_\_\_\_ **Major (\$2,000.00):** Major is construction that will upgrade the occupied existing home to safe/livable conditions or anything inside or out that would consist of any repair that does exceed \$1,500.00 and can be fixed by the home owner or Chapter PEP Construction Personnel. This includes Handicap ramp.

\_\_\_\_\_ **Plumbing or Electrical Materials (\$600.00):** Total amount not to exceed \$600. The applicant shall use a certified plumber, and a license electrician for home improvement work; the chapter will not be responsible for poor quality or incomplete work.

\_\_\_\_\_ **Home Site/Environmental/Archeological Survey (\$300.00):** This will consist of certified professional services and will require (2) two estimations for services.

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NAME AND NUMBER OF PEOPLE LIVING WITHIN THE HOUSEHOLD: \_\_\_\_\_ (INCLUDE YOURSELF)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ SIZE OF HOUSE: \_\_\_\_\_ YEAR HOUSE WAS BUILT: \_\_\_\_\_

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD HAVE BEEN ASSISTED WITH ANY HOUSING ASSISTANCE FROM OCTOBER TO SEPTEMBER OF THIS YEAR: YES OR NO

IF SO, PLEASE NAME AND DATE OF ASSISTANCE: \_\_\_\_\_

HAVE YOU RECEIVED ANY ASSISTANCE FROM ANY OTHER RESOURCES BESIDES THE CHAPTER:

YES OR NO

IF SO, PLEASE NAME AND DATE OF ASSISTANCE: \_\_\_\_\_

ARE YOU CURRENTLY OCCUPYING THE HOME: YES OR NO

PHYSICAL ADDRESS OF HOME BEING ASSISTED: \_\_\_\_\_

DO YOU OWN OR RENT ANY OTHER HOMES, OTHER THAN THE ONE YOU ARE APPLYING FOR: YES OR NO

IF SO, PLEASE STATE OTHER PLACE RESIDENCE: \_\_\_\_\_

DO YOU HAVE ELECTRICITY: YES OR NO

NAME OF UTILITY COMPANY: \_\_\_\_\_ OTHER: \_\_\_\_\_

DO YOU HAVE RUNNING WATER: YES OR NO

NAME OF WATER UTILITY COMPANY: \_\_\_\_\_ OTHER: \_\_\_\_\_

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DO YOU OR ANYONE IN YOUR HOUSE HOLD HAVE ANY MEDICAL REFERRAL OR DISABILITY: YES OR NO

IF SO, PLEASE NAME:

1. \_\_\_\_\_

2. \_\_\_\_\_

### CERTIFICATION

I, \_\_\_\_\_ (PRINT NAME) certify that the following have been answered truthfully, completed, and correct and that all documents are copied and attached to this application and that this application has answered to the best of my knowledge and made in good faith.

\_\_\_\_\_

**SIGNATURE OF APPLICANT**

DATE: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF CHAPTER ADMINISTRATION, CSC/DELGATED**

DATE: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF CHAPTER OFFICIAL**

DATE: \_\_\_\_\_

# Tohatchi Chapter Housing Assistance Application

DRAW MAP TO THE HOUSE THAT IS IN NEED OF ASSISTANCE

NORTH

EAST

WEST

SOUTH

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## MEMORANDUM OF AGREEMENT

I, \_\_\_\_\_ (PRINT NAME) certify and understand under this agreement that I, the applicant is responsible for completing and turning in this application of assistance along with all documentation. Also, the type of assistance I have checked is or may not be the amount that I will receive. Understanding the amount can be adjusted by the contractor and or estimator assigned. Understanding that this will ensure proper and correct amount of funding and materials will be given to I, the applicant to complete the renovation or project and allow funding to be administered equally and fairly and allow other applicants to be assisted. In addition, the final approval of this application will be with the chapter membership at regular duly called planning and chapter meeting. The Chapter Administration and Chapter Officials are ONLY here to review and process this application and all funding that is administered is based on the evaluation/estimation and availability of funds.

If I, the applicant fails to comply and sign this agreement, I do understand that this will disqualify my application for any housing assistance. I do understand that the chapter membership (Registered Chapter Voters) does have the final approval.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date