



BÁÁHÁÁLÍ CHAPTER  
 P.O. BOX 6118  
 GALLUP, NEW MEXICO 87305  
 PHONE (505) 778-5788  
 FAX (505) 778-5915



Lee C. Jim  
 Chapter President  
 Benjamin Livingston  
 Chapter Vice President  
 Annie Descheny  
 Chapter Secretary/Treasurer

**ALL DOCUMENTS ARE DUE  
 ON THE 16TH OF EACH MONTH**

Charles Damon II  
 Council Delegate  
 Emery Chee  
 Land Board Member  
 Gloria Skeet deCruz  
 Chapter Manager

**REQUIRED DOCUMENTS NEEDED FOR CONSIDERATION OF HOUSING DISCRETIONARY ASSISTANCE:**

1. APPLICATION: Please answer all questions and if it doesn't apply to you, please write in "N/A" in the blank
2. ROAD MAP: Need a direction from the chapter to your residence in order for an assessment to be completed for your application.
3. LAND OWNERSHIP: A Navajo Home Site Lease or Residential Lease is required in all renovations and/or additions along with a copy of the survey plat.
4. PHYSICAL PROBLEM/ ILLNESS: Need a doctor's evaluation report or referral form from the physician who is aware of your physical problem or illness
5. MATERIAL LIST: Please submit a detailed material list that includes dimensions and all information concerning the items you are requesting the chapter assist you purchasing.
6. QUOTATIONS: Please submit three quotations from three different vendors using the material list you completed and submitted with this application.
7. PEP REQUEST: If you are requesting for PEP workers, this form needs to be completed so that the project can be developed to your needs.
8. RECOMMENDATION: An approval from the chapter membership is needed in order for this application to be approved and will be done so during a duly called Regular Chapter meeting. All Chapter Officials must have their signatures of the approval sheet.

**\*\*You are required to attend the scheduled chapter meeting to make your request in person.\*\***

FOR ADDITIONAL INFORMATION CONTACT:

Bááháálí Chapter Administration Staff

505-778-5788 or 505-778-5796

BÁÁHÁÁLÍ CHAPTER  
HOUSING DISCRETIONARY ASSISTANCE APPLICATION

I. HOUSEHOLD INFORMATION

A. HEAD OF HOUSEHOLD: \_\_\_\_\_ DOB: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ CENSUS: \_\_\_\_\_  
 SPOUSE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ CENSUS: \_\_\_\_\_

B. MAILING ADDRESS: \_\_\_\_\_  
 PHYSICAL ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

C. MARITAL STATUS: SINGLE [ ] MARRIED [ ] WIDOW [ ] SEPARATED [ ]

D. TOTAL HOUSEHOLD MEMBERS: \_\_\_\_\_ FAMILIES IN HOUSEHOLD: \_\_\_\_\_

E. LIST ALL HOUSEHOLD MEMBERS

NAME	RELATIONSHIP	DOB	CENSUS #	SS#

**Copies of all household members CIB are required.**

F. Are you a Veteran? Y N if “Yes”, indicate term of service: \_\_\_\_\_

Are you a disabled or handicapped? Y N Nature of disability or handicap: \_\_\_\_\_

G. Do you have a Disability? Y N nature of disability or handicap: \_\_\_\_\_

II. PRESENT HOME CHARACTERISTICS

- A. Home Owner Name: \_\_\_\_\_ Year Built: \_\_\_\_\_
- B. Type of Construction: \_\_\_\_\_ Condition: \_\_\_\_\_  
(Frame, Block, Adobe, etc.) (Poor, Fair, Good, Excellent)
- C. Number of home(s): \_\_\_\_\_ and Locations: \_\_\_\_\_  
\_\_\_\_\_
- D. Type of Heating System: Wood/Coal Stove [ ] Propane/Gas Heater [ ] Pellet Stove [ ]  
Other: \_\_\_\_\_
- Average Heating Bill: \$ \_\_\_\_\_ or Wood/Coal \$ \_\_\_\_\_
- E. Type of Water Supply: \_\_\_\_\_
- F. Type of Electrical Source: \_\_\_\_\_
- G. Type of Sewage container: \_\_\_\_\_
- H. Do you have a Home Site Lease? \_\_\_\_\_ If no, would you like to apply for one? \_\_\_\_\_
- I. Land Use Status: Allotment land [ ] Trust Land [ ] BLM [ ] NPL [ ] Private [ ]  
Other: \_\_\_\_\_

III. PAST HOUSING ASSISTANCE INFORMATION

- A. WERE YOU ASSISTED BY:
- Southwest Indian Foundation? Y N If "Yes", when was it given? \_\_\_\_\_  
What was the service? \_\_\_\_\_
- Navajo Housing Services? Y N If "Yes", when was it given? \_\_\_\_\_  
What was the service? \_\_\_\_\_
- Navajo Housing Authority? Y N If "Yes", when was it given? \_\_\_\_\_  
What was the service? \_\_\_\_\_
- Bááháálí Chapter? Y N If "Yes", when was it given? \_\_\_\_\_  
What was the service? \_\_\_\_\_
- Saint Bonaventure? Y N If "Yes", when was it given? \_\_\_\_\_  
What was the service? \_\_\_\_\_

IV. TYPE OF HOUSING ASSISTANCE REQUESTING FROM BÁÁHÁÁLÍ CHAPTER

A.  Weatherization  Minor Repairs  Major Repairs  Addition

Other: \_\_\_\_\_

B. What will you asking to be repaired or added on to your home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Labor to be utilized {If PEP, please fill out the PEP Request Form, if not, move to section V}: \_

\_\_\_\_\_

D. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*PLEASE NOTE: IF YOU NEED TO USE THE CEMENT MIXER OR TRACTOR, YOU WILL HAVE TO PAY FOR THE RENTAL FEES APPLIED TO EACH HEAVY EQUIPMENT REQUESTED. FOR MORE INFORMATION CONTACT THE ADMINISTRATION STAFF

**For all Electrical Wiring or Plumbing, you are required to hire a licensed professional. The Bááháálí Chapter does not have a licensed electrician or plumber employed.**

Bááháálí Chapter  
Public Employment Project Request Form

REQUESTOR INFORMATION

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

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

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**(We need a working number)**

PROJECT INFORMATION

Project Description (Must be specific on what is needed to be done): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Material(s) Provided (Be specific on what you will be providing: lumber, nails, sheetrock, cement, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment needed (Be specific on what the workers need to bring such as: saws, hammers, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Length: \_\_\_\_\_

Number of individuals needed: \_\_\_\_\_

Heavy Equipment Needed:

\_\_\_\_\_ Tractor (Rental fees: \$20.00 /hour or \$125.00 /day [includes trailer].plus tax from Chapter)

\_\_\_\_\_ Cement mixer (Rental fees: \$30.00/2 days and \$10.00/additional day plus tax from Chapter)

\*\*\*\*\*  
**\*\*FOR ELECTRICAL WIRING OR PLUMBING, YOU ARE REQUIRED TO HIRE A LICENSED PROFESSIONAL  
AT YOUR OWN EXPENSE. THE BÁÁHÁÁLÍ CHAPTER DOES NOT HAVE A LICENSED PLUMBER OR  
ELECTRICIAN EMPLOYED.**

**I, \_\_\_\_\_, ACKNOWLEDGE THAT THE WORK LISTED ON THIS FORM IS THE ONLY WORK TO BE  
CONDUCTED. NO ADDITIONAL WORK WILL BE ALLOWED AFTER THIS FORM IS SUBMITTED. I UNDERSTAND THAT IF I  
NEED ANY NEW WORK I WILL BE REQUIRED TO SUBMIT A WHOLE NEW WORK ORDER.**

**SIGNATURE:** \_\_\_\_\_

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

ADMINISTRATION OFFICE ONLY:

Administrative Assistant : \_\_\_\_\_

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_

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

V. ROAD MAP TO PROPERTY FROM THE CHAPTER HOUSE:

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I, \_\_\_\_\_, HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND GIVEN IN GOOD FAITH FOR THE PURPOSES OF OBTAINING HOUSING ASSISTANCE FROM THE BÁÁHÁÁLÍ CHAPTER. I ACKNOWLEDGE THIS INFORMATION WILL BE USED IN DETERMINING MY ELIGIBILITY AND EXTENT OF HOUSING ASSISTANCE THROUGH THE BÁÁHÁÁLÍ CHAPTER. FALSE INFORMATION IS SUBJECT TO DENIAL OF HOUSING ASSISTANCE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administration Signature

\_\_\_\_\_  
Date