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

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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? ______________________________________________________________

   Bááhááli 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**

   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:

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.

-----------------------------------------  Date
Applicant’s Signature

-----------------------------------------  Date
Co-Applicant’s Signature

-----------------------------------------  Date
Administration Signature