



# Coyote Canyon Chapter

P.O. Box 257

Brimhall, NM 87310

## Housing Assistance Program Application

Applicant ID #: \_\_\_\_\_

COY-21: \_\_\_\_\_

Check Off List	Submission Date
1) Application	
2) Permission Assessment Form	
3) Material Listing	
4) Income Verification	
5) Homesite Lease	
6) Letter of Support/Referral (Recommendation/ Medical Statement)	
7) Authorization for Release of Information	

Application Reviewed and Selection Process Rendered Application	
APPROVED	DISAPPROVED
IF DISAPPROVED:	
_____ Community Service Coordinator	<b>STAMP HERE</b> (OFFICE USE ONLY)

## Housing Discretionary Fund Assistance Ranking Sheet

Applicant (s) Name:

Date of Review:

### 1) Household Size: This information is derived from the applicant's application form.

A.	6 or more persons	15 points	
B.	3 to 5 persons	12 points	
C.	1 to 2 persons	9 points	

### 2) Household Income:

This information is derived from the applicant's application form. Sources of income may include SSI/SS, General Assistance, TANAF, Retirement, Disability, Payroll, etc. Please be aware that the information provided will remain confidential and will be used solely for the purpose of determining eligibility for Housing Discretionary Fund Assistance. Chapters need to determine the poverty level or low-income level within their area for determining the income threshold.

A.	0 % to 19% of maximum	15 points	
B.	19% to 39% of maximum	12 points	
C.	39.1% to 59% of maximum	9 points	
D.	59.1% to 79% of maximum	6 points	
E.	79.1% to 100% of maximum	3 points	
F.	More than 100% of maximum	0 points	

### 3) Overcrowded Living Conditions:

The number of household members actually living permanently in the unit to the number of available bedrooms, excluding closets, bathroom and kitchen.

A.	1 bedroom with 6 or more family members.	15 points	
B.	2 bedrooms with 5 family members.	9 points	
C.	3 bedrooms with 4 family members.	3 points	
D.	4 bedrooms with 3 or 4 family members.	0 points	

### 4) Elderly Handicapped or Disabled:

An elderly person is a person 60 years of age or older (10 CFR 440 30). Handicapped means a person who is legally blind, legally deaf, physically disabled due to the loss of one or more limbs, chair or bed bound, unable to walk without crutches or walker, a mentally disabled adult.

**COYOTE CANYON CHAPTER  
HOUSING ASSISTANCE PROGRAM APPLICATION**

Applicant:		Date:	
Mailing Address:			
Date of Birth:	Social Security #:	Census #:	
Income Verification:	Monthly: _____	Bi-Weekly: _____	
<b>(Attach Copy of Income Verification)</b>			
<b>Income Source:</b>			
Elderly: YES OR NO	Low Income:	YES OR NO	
Emergency: YES OR NO	Physical Disability:	YES OR NO	
Registered Voter: YES OR NO	Hospital Referral:	YES OR NO	
Social Service Referral: YES OR NO	CHR Referral:	YES OR NO	
Other Referral, Explain:			
<b>Do you have any of the following documents? (If so, please attach copy/copies):</b>			
Letter of Support: YES OR NO			
Medical of Statement: YES OR NO			
Letter of recommendation: YES OR NO			
<b>Are you currently living in the home that needs renovation? YES OR NO</b>			
If no, please explain:			
<b>Have you lived in this home within the last year? YES OR NO</b>			
If no, please explain:			
<b>Do you have a Homesite Lease? (Attach Copy) YES OR NO</b>			
<p>I/We fully understand the Selection Criteria and the Policies and Procedures of the Housing Assistance Program Application set forth by Coyote Canyon Chapter. The information herein contained is true to the best of my knowledge. I/We understand that the information of this application is rendered confidential by the Chapter and cannot be used in any other manner without my written consent.</p>			
<hr style="width: 80%; margin: 0 auto;"/> Applicant Signature/Date		<hr style="width: 80%; margin: 0 auto;"/> Co-Applicant Signature/Date	

**COYOTE CANYON CHAPTER  
HOUSING ASSISTANCE PROGRAM APPLICATION**

**PERMISSION STATEMENT**

I/We \_\_\_\_\_, give my/our permission for Coyote Canyon Chapter Administration staff to make a home visit to my residence to assess my home to establish my needs for renovation. The direction to my home as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature/Date

\_\_\_\_\_  
Co-Applicant Signature/Date

**HOME ASSISTANT (For Office Use Only)**

Type of Home:

Hogan:

Frame House:

Size:

# Of bedroom:

Does the applicant have electricity?  
YES or NO

Does this applicant have running water?  
YES or NO

Summary of home renovation desired:

Time frame for renovation:

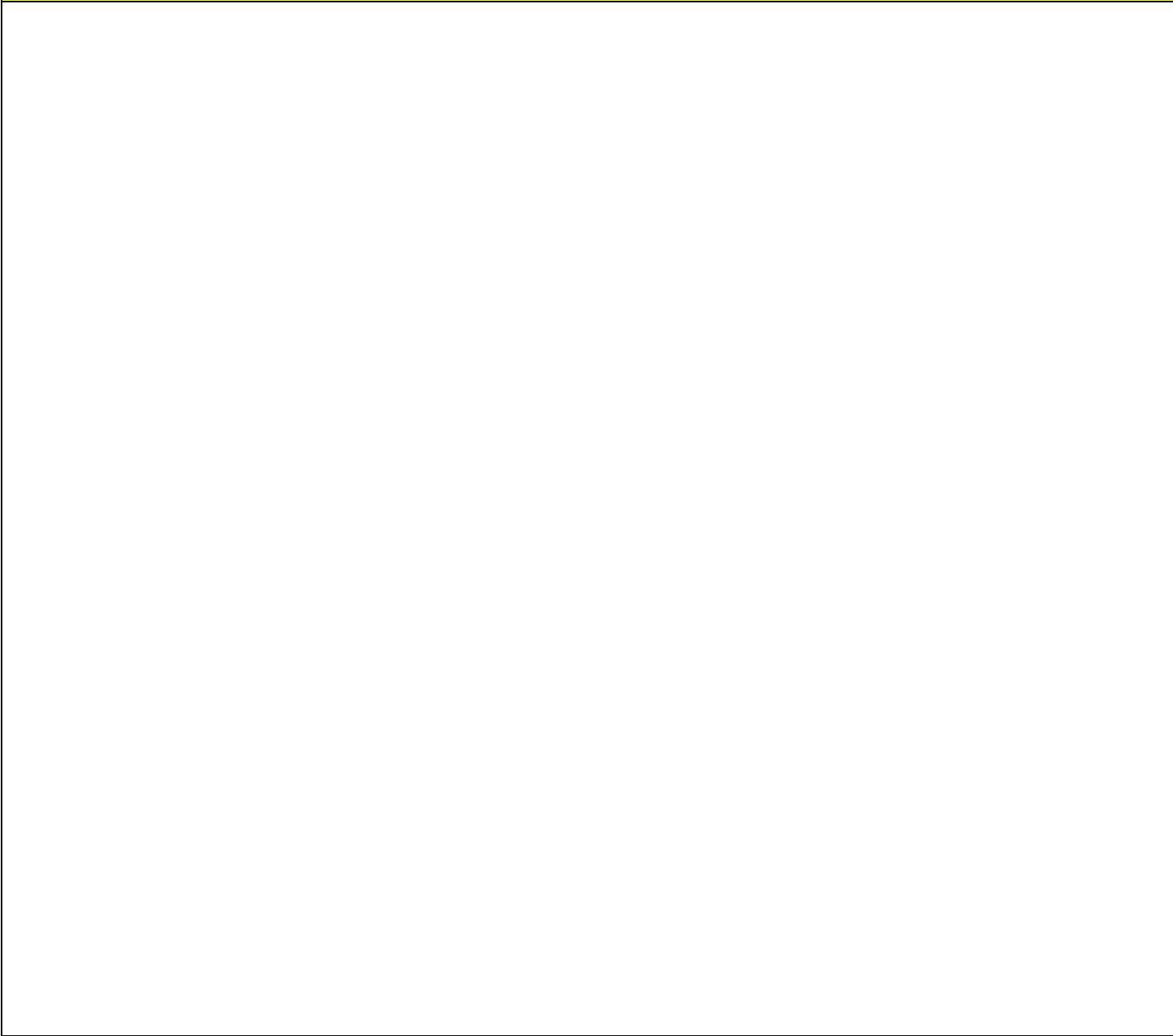
Type of Labor to be utilized:

\_\_\_\_\_  
Coyote Canyon Chapter Staff

\_\_\_\_\_  
Date

COYOTE CANYON CHAPTER  
HOUSING ASSISTANCE PROGRAM APPLICATION

MAP TO PROPERTY  
Project Site Location



APPLICANT'S NAME: \_\_\_\_\_

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

CHAPTER: \_\_\_\_\_

AGENCY: \_\_\_\_\_

# COYOTE CANYON CHAPTER HOUSING ASSISTANCE PROGRAM APPLICATION

## SELF-HELP AGREEMENT

I/We \_\_\_\_\_, Grantee(s) of Coyote Canyon Chapter hereby agree to the following conditions and stipulation for an award granted in the amount of \$\_\_\_\_\_ for receipt and delivery of building materials from Coyote Canyon Chapter Housing Assistance Program (Self-Help).

<b>1</b>	Grantee understands that the grant is made subjects to a one-time assistance due to budget constraint and backlog of housing applicants.
<b>2</b>	Grantee agrees to be responsible for all materials once delivered and until projects completion and understands replacement will not be extended on stolen items, damaged materials, shortages, etc.
<b>3</b>	Grantee agrees that materials delivered will not be used on other than the intended project and that same will not be reissued nor sold and any excess will remain the property of the Chapter subject to recapture for other projects.
<b>4</b>	Grantee agrees that the Chapter will not be responsible for any additional materials which require additional work or any modifications other than plan and specification or scope or work.
<b>5</b>	Grantee agrees to purchase any additional material which otherwise are definite requirements to complete project.
<b>6</b>	Grantee agrees to utilize self-initiative, relative, chapter PEP (depending on availability), veteran organizations, purchased services, or other resources for project construction or rehabilitation, including rough and trim-in-out of plumbing and electrical wiring, and for project completion within a reasonable time or 6 (six) months, whichever comes first.
<b>7</b>	Grantee agrees to notify the Chapter once materials are applied to project for verification, as well as for periodic inspection and report.
<b>8</b>	Grantee agrees to be responsible for upkeep and maintenance for the project once constructed or rehabilitated.
<b>9</b>	Grantee agrees to be sublet, gift or do anything else other than to establish permanent home ownership.
<b>10</b>	Grantee shall not hold the Chapter Administration and the labor for any unfinished project due to lack of hands.

In consideration of grant award, I/We the undersigned this \_\_\_\_\_ day of \_\_\_\_\_ acknowledge that the foregoing conditions and stipulations have been fully explained to me (us) and that I (we) understand and agree to them. I/We also acknowledge the receipt of this agreement for my (our) record.

Grantee(s) Signature(s)

Grantor(Attested)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

COYOTE CANYON CHAPTER  
HOUSING ASSISTANCE PROGRAM APPLICATION

**AUTHROIZATION FOR LEASE OF INFORMATION**

DATE:

I/We \_\_\_\_\_, hereby authorize the Coyote Canyon Chapter through the Housing Assistance Program to obtain any and all information or source documents for completion of my application for housing assistance. I understand and acknowledge this information or source of documents will be used to determine my eligibility pursuant to the established Policies and Procedures of the coyote Canyon chapter Housing Assistance Program or other funding source.

Signature: \_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_  
\_\_\_\_\_