



COYOTE CANYON CHAPTER
The Navajo Nation
"Home of Chief Manuelito"



Steven Begay
 Council Delegate

Harrison Plummer
 President

Sherylene Jazzie
 Vice-President

Sharon Warren
 Secretary-Treasurer

Janice Harrison
 Grazing Officer

HOUSING ASSISTANCE PROGRAM APPLICATION
CHECK OFF LIST

APPLICANT ID # _____

COY-18 _____

I. APPLICATION

_____ Submittal Date

II. PERMISSION ASSESMENT FORM

_____ Submittal Date

III. MATERIAL LISTING

_____ Submittal Date

IV. INCOME VERIFICATION

_____ Submittal Date

V. HOMESITE LEASE

_____ Submittal Date

VI. LETTER OF SUPPORT/REFFERAL
Recommendation/Medical Statement

_____ Submittal Date

VII. AUTHORIZATION FOR RELEASE OF INFORMATION

_____ Submittal Date

APPLICATION REVIEWED AND SELECTION PROCESS RENDERED APPLICATION TO BE FOR
(OFFICE USE ONLY)

APPROVED: _____

DISAPPROVED: _____

Reason for Action (Please Explain): _____

 Signature

 Date

**COYOTE CANYON CHAPTER
HOUSING ASSISTANCE PROGRAM APPLICATION**

Applicant: _____ Date: _____

Mailing Address: _____

Date of Birth: _____ Social Security #: _____

Census #: _____

Income Verification: Monthly _____ Bi-Weekly _____
(Attach Copy of Income Verification)

Income Source: _____

Elderly:	Yes	No	Low Income:	Yes	No
Emergency:	Yes	No	Physical Disability:	Yes	No
Registered Voter:	Yes	No	Hospital Referral:	Yes	No
Social Service Referral:	Yes	No	CHR Referral:	Yes	No

Other Referral, explain: _____

Do you have any of the following documents? (If so, please attach copy/ies):

Letter of Support	Yes	No
Medical Statement	Yes	No
Letter of Recommendation	Yes	No

Are you currently living in the home that needs renovation? Yes No
If no, please explain: _____

Have you lived in this home within the last year? Yes No
If no, please explain: _____

Do you have a Homesite Lease? *(Attach Copy)* Yes No

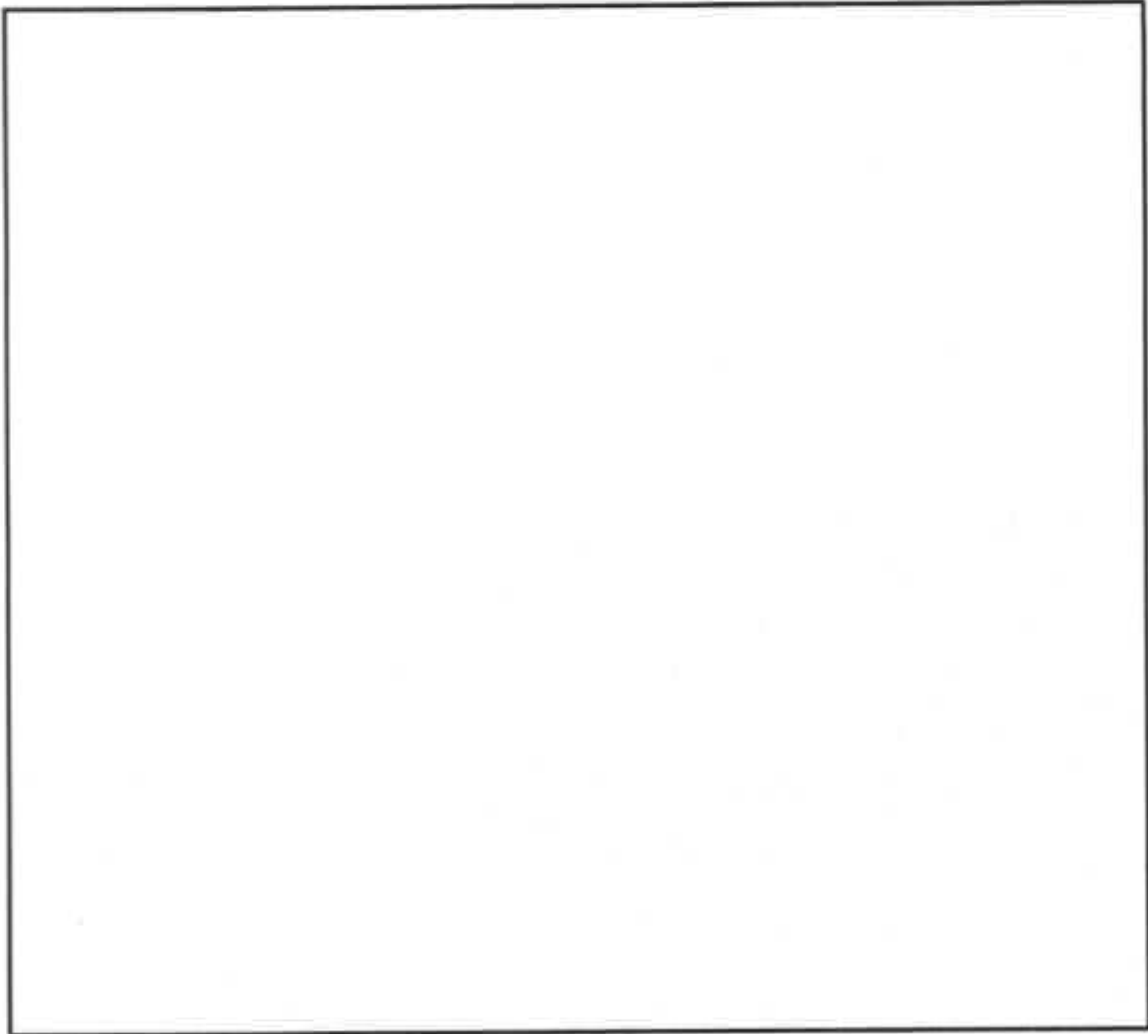
I/We fully understand the Selection Criteria and the Policies and Procedures of the Housing Assistance Program Application set forth by Coyote Canyon Chapter. The information herein contained is true to the best of my knowledge. I/We understand that the information of this application is rendered confidential by the Chapter and cannot be used in any other manner without my written consent.

Applicant Signature/Date

Co-Applicant Signature/Date

**COYOTE CANYON CHAPTER
HOUSING ASSISTANCE PROGRAM**

MAP TO PROPERTY
Project Site Location



APPLICANT'S NAME: _____ DATE: _____

CHAPTER: _____ AGENCY: _____

**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 ASSESSMENT
(For Office Use Only)

Type of Home:

Hogan: _____ Frame House: _____ Size: _____ # of Bedrooms: _____

Does the applicant have electricity? Yes No

Does the applicant have running water? Yes 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**

AUTHORIZATION FOR RELEASE 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.

Signatures: _____

Witness: _____

**COYOTE CANYON CHAPTER
HOUSING ASSISTANCE PROGRAM**

SELF-HELP AGREEMENT

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

- 1 Grantee understands that the grant is made subjects to a one time assistance due to budget constraint and backlog of housing applicants.
- 2 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.
- 3 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.
- 4 Grantee agrees that the Chapter will not be responsible for any additional materials which requires additional work or for any modifications other than plan and specification or scope or work.
- 5 Grantee agrees to purchase any additional material which otherwise are definite requirement to complete project.
- 6 Grantee agrees to utilize self initiative, relatives, 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 come first.
- 7 Grantee agrees to notify the Chapter once materials are applied to project for verification, as well as for periodic inspection and report.
- 8 Grantee agrees to be responsible for upkeep and maintenance for the project once constructed or rehabilitated.
- 9 Grantee agrees to not sublet, gift or do anything else other than to establish permanent home ownership.
- 10 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)

