CHECKLIST OF REQUIRED DOCUMENTS
FOR HOUSING DISCRETIONARY FUND

___ Housing Application

___ Income Verification Statement

___ Evidence of Land Ownership

___ Authorization for Release of Information

___ Map to Property

___ Copy of Social Security Card for Each Household Member

___ Copy of Applicant’s Certificate Degree of Indian Blood

___ Referrals from Physician, Social Worker, Community Health Representative, or other Entity /If Applicable.)

___ 2-3 Price Quotations
Name:_________________________ Social Security Number:_________________________

Census:_________________________ Spouse’s Name:______________________________

Permanent Address:_____________________________________________________________

Phone Number:____________________ Date of Birth:_______________________________

Chapter:_________________________ Agency:________________________

Male (     ) Female (     )

Name of any relations you have who are employed by the chapter or serve as elected
officials:____________________________________________________________________

____________________________________________________________________________

Names of persons living in the household on a permanent basis:_______________________

____________________________________________________________________________

____________________________________________________________________________

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Income information of all person over 16 years of age living in the household beginning
with the applicant’s income (attach w-2 forms, wage stubs, social security stubs,
retirement stubs, unemployment stubs, etc.):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
TOTAL ANNUAL INCOME: $____________________________

Locations of house to be prepared, constructed, or purchased, including directions to the house:__________________________________________________________

__________________________________________________________

__________________________________________________________

Type of assistance requesting:________________________________________

__________________________________________________________

MAP TO PROPERTY: (PROJECT SITE LOCATION)
Is electricity available? No ( ) Yes ( ) Name of utility company: __________________________

Sewer System: City Sewer ( ) Septic System ( ) Chemical Toilet ( ) Outhouse ( )

Flush Toilet? Yes ( ) No ( ) Bathroom/Shower? Yes ( ) No ( )

Water System: Community Water Tank ( ) Private Well ( ) Other ( )

Name of sewer and water utility company: ________________________________

Number of bedrooms: _________ Size of house (in feet): ________________

Do you own the land on which you wish to renovate or build? Yes ( ) No ( ), The name of the owner is: _______________________________________

The land is currently: Individual Trust ( ) Tribal Trust ( ) Individually Restricted ( ) Tribal Restricted ( ) Tribal Fee Simple ( )

Fee Patented ( ) Other ( ) ________________________________

The land is possessed pursuant to a: Leasehold Interest ( ) Use Permit ( ) Indefinite Assignment of Joint ownership as described ( ): ________________________________

Have you or anyone in your household received housing discretionary funds before? No ( ) Yes ( ), ________________ (name) Received housing assistance in ________________ (location) (year) for construction or improvements at ________________________________

Has the house for which you are asking construction or repair funding ever had construction or repairs funded by housing discretionary funds? No ( ) Yes ( ), ________________ (name) received housing assistance in ________________ (year) in the amount of $______________ (dollars).
Do you own any other house? No ( ) Yes ( ), the house is located at:

_________________________ and occupied by ______________________________

Have you applied for assistance from an Indian housing authority, tribal credit program, or private lending institution? No ( ) Yes ( ), I applied on ____________

(date) and will attach proof of denial from these sources to this application.

Does any member of your permanent household have a severe health problem, handicap, or permanent disability? No ( ) Yes ( ), __________________________

(name) has ________________ (brief description) and I will attach proof to this application describing the condition.

I, certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

_______________________________________________________________
Date:                                                            Signature of Applicant

_______________________________________________________________
Date:                                                            Signature of Spouse (if applicable)