

**FY 2026 NAGEEZI CHAPTER HOUSE
HOUSING DISCRETIONARY FUND
CHECK-OFF LIST OF REQUIRED DOCUMENTS**

NAME OF APPLICANT(S): _____

\$500 FINANCIAL ASSISTANCE IS AWARDED EVERY TWO (2) YEARS

1. ___ HOUSING DISCRETIONARY APPLICATION
2. ___ EVIDENCE OF LAND OWNERSHIP
3. ___ AUTHORIZATION FOR RELEASE OF INFORMATION
4. ___ MAP AND COORDINATES OF PROPERTY
5. ___ COPY OF APPLICANT'S NAVAJO NATION CERTIFICATE DEGREE OF INDIAN BLOOD (CIB)
6. ___ MUST BE REGISTERED WITH NAGEEZI CHAPTER FOR (6) MONTHS OR LONGER
7. ___ COPY OF APPLICANT'S NAVAJO VOTER'S REGISTRATION CARD(S) OR LETTER (IF YOU DO NOT HAVE A VOTER REGISTRATION CARD, PLEASE CALL 1-888-508-6870 AND REQUEST FOR ONE)
8. ___ REFERRAL FROM PHYSICIAN, SOCIAL WORKER, COMMUNITY HEALTH OR OTHER ENTITY (IF APPLICABLE)
9. ___ (3) THREE PRICE QUOTES FROM DIFFERENT VENDORS
 - a. _____
 - b. _____
 - c. _____
10. ___ AFTER PURCHASE RECEIPTS WILL NEED TO BE TURNED IN FOR CHAPTER ACCOUNTING PURPOSE
11. ___ WILL NEED TO HAVE BEFORE AND AFTER PICTURES OF PROJECT
12. ___ ASSISTANCE WILL BE EVERY TWO (2) CALENDAR YEARS

EFFECTIVE 02/02/2020 BY RESOLUTION NC-20-037. February 02, 2020.

ADDITIONAL COMMENTS _____

****THIS INFORMATION WILL BE USED TO DETERMINE ELIGIBILITY OF THE APPLICANT(S)****

Nageezi Chapter House

Financial Assistance from Housing Discretionary Fund

All questions on this application must be answered. Read criteria for financial assistance from Housing Discretionary Fund before completing this application.

- Financial Assistance for: Housing Material Waterline Extension
 Power Line Extension/Solar Material for Wastewater System
 Homesite lease Survey Archeological Clearance

APPLICATION INFORMATION

Name: _____ Maiden: _____ Phone #: () _____
Last First Middle (If applicable)

Mailing Address: _____
City State Zip Code

Physical Address: _____
City State Zip Code

Social Security No: _____ Navajo Nation Census No: _____

Date of Birth: _____ Registered Voter: Yes No If Yes, How Long? _____

Marital Status Married Single Widowed Other

If you checked "Other" please explain: _____

Spouse's Name: _____
Last First Middle

Do you currently occupy the home, mobile home or manufactured house that you are requesting housing material, power line extension or wastewater material for? Yes No

If no, please explain: _____

Do you own or rent the home, mobile or manufactured house you are requesting assistance for?

Yes No If no, please explain: _____

LOCATION INFORMATION

If requesting financial assistance for housing material, power line extension, waterline extension, or material for wastewater system, give location of home & where the financial assistance will be used. (Give accurate directions and coordinates to the home from the Nageezi Chapter): _____

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If requesting for financial for land surveyor archeological clearance, give location of proposed home-site or residential lease site (Give accurate Directions & Coordinates to this proposed home-site or residential site): _____

Do you own the land on which you wish to renovate, extend power line or waterlines, or construct a wastewater system to this home? Yes No If No, provide name of owner(s): _____

What status is the land currently listed as: TRIBAL FEE LAND ALLOTMENT OTHER
If you do not own the land, do you have? LEASE HOLDER INTEREST PERMIT
 INDEFINITE ASSIGNMENT OR JOINT OWNERSHIP

(if so, please explain): _____

GENERAL INFORMATION

Have you or anyone in your household received Tribal/Chapter Housing assistance before?
 Yes No If yes, please indicate the amount you received, year and location money was used:

Has the home which you are asking assistance for ever had Tribal/Chapter assistance before?
 Yes No If yes, indicate amount and date and to whom? _____

INTENT FOR LABOR COMMITMENT:

Upon eligibility, I/ We _____ of the Nageezi Chapter will be responsibility to obtain labor for my/our project to install the housing material. I/We will commit to Completing this Project in a timely manner from the date of materials received. I/We will pursue Labor from: ___ Chapter Public Employment Program ___ Family Members ___ Friends ___ Church Group ___ Self- Help ___ Non- Profits: (Please specify) _____ Other: (Please specify): _____

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APPLICANT'S CERTIFICATION

I certify that all the answers given are true, complete & correct to the best of my knowledge & belief:

Applicant's Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Nageezi Chapter House

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I, _____, hereby authorize the Nageezi Chapter Housing Assistance Program to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household status according to the Chapter Criteria. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Nageezi Chapter or other housing project sources.

Signature: _____
Applicant Signature Date

Spouse Signature Date

Revised: 05/06/2026

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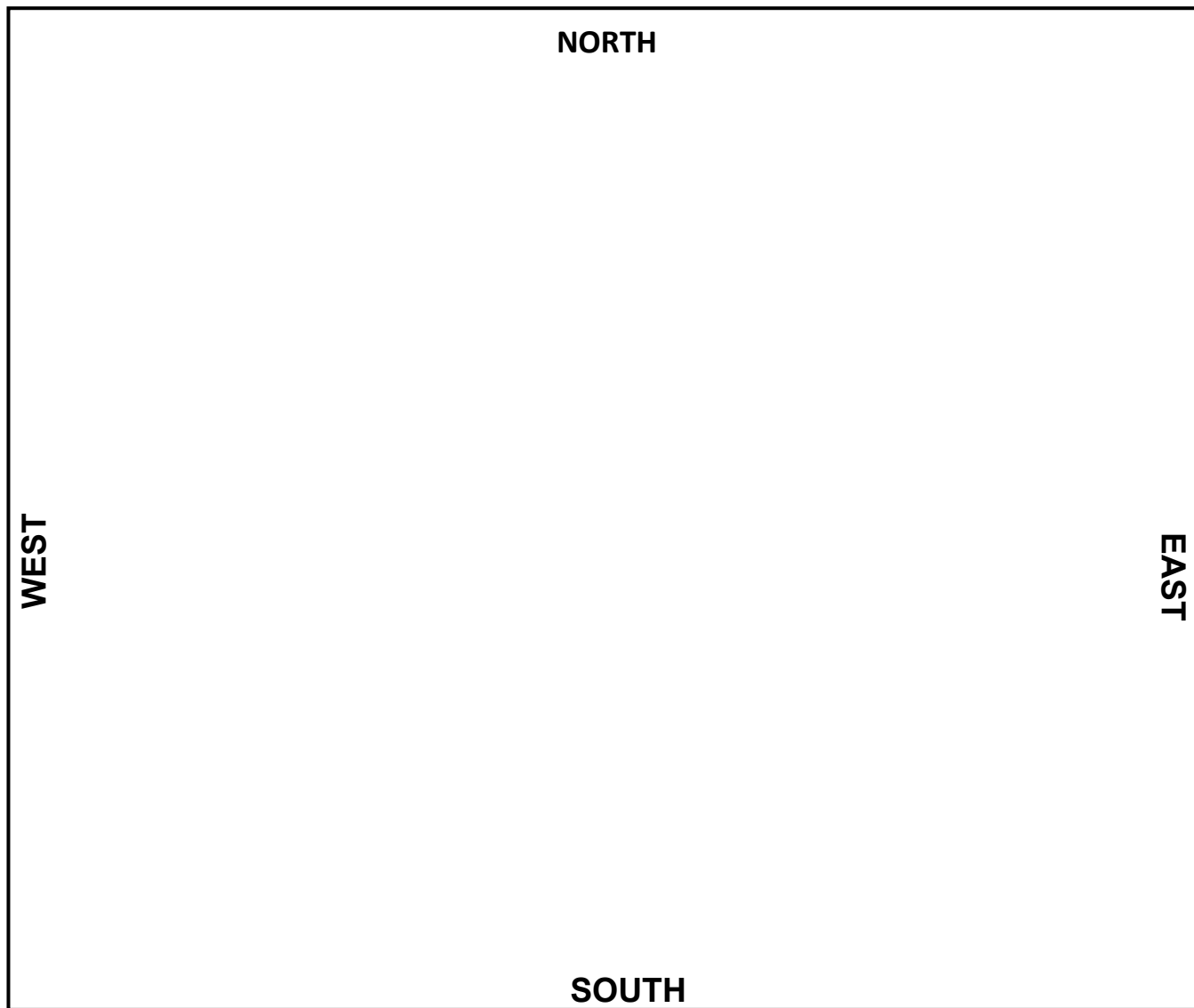
Nageezi Chapter House

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MAP OF PROPERTY

Project Site Location



APPLICANT'S NAME: _____

PHYSICAL ADDRESS: _____

COORDINATES: LATITUDE _____ LONGITUDE _____

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