

OPENED: FEBRUARY 3, 2025

DEADLINE: MARCH 31, 2025 @ 5PM

REVIEW IN APRIL 2025 & APPROVAL DETERMINATION IN MAY 2025

MARIANO LAKE CHAPTER
HOUSING DISCRETIONARY ASSISTANCE

Application Check List

Applicant Name: _____

Name of Forms	Applicant Check-off	Chapter Check-off
1. Housing Discretionary Application		
2. Income Verification Statement		
3. Statement of Work		
4. Signed Understanding of Policies		
5. Signed Release of Information		
6. Signed Permission to enter premises		
7. Map to Property		
8. Copy of Drivers License or Identification Card (For Applicant & Spouse)		
9. Copy of Social Security Card (For Applicant & Spouse)		
10. Copy of Certificate of Indian Blood (For Applicant & Spouse)		
11. Copy of Homesite or Residential Lease or home ownership documents		
12. Referrals (Doctor, CHR, Social Services, VA, etc.)		
13. Three Vendor Quotes		
14. Voter Registration Verification		
Verified By:	Date:	
Chapter Verification Only		

15. Committee Documents: - Tracking Record - Point Sheet - Current Income Guideline - Feedback Memo

Applicant Signature & Date

Chapter Received:

MARIANO LAKE CHAPTER
Housing Discretionary Assistance Program
APPLICATION

All questions in this application must be answered.

Applicant's Name: _____ Census Number: _____ Date of Birth: _____	Home or Msg. _____ Work Number: _____ Enrolled Chapter: _____
Spouse's Name: _____ Census Number: _____ Date of Birth: _____	Home or Msg. _____ Work Number: _____ Enrolled Chapter: _____
Rural Address: _____ City: _____	State: _____ Zip Code: _____
Mailing Address: _____ City: _____	State: _____ Zip Code: _____

Land Information	
(Check off those that apply)	
Y N	
<input type="checkbox"/>	Land Ownership
<input type="checkbox"/>	Homesite Lease
<input type="checkbox"/>	Residential Lease
<input type="checkbox"/>	Leasehold interest
<input type="checkbox"/>	Useage Permit
<input type="checkbox"/>	Grazing Permit
<input type="checkbox"/>	Other: _____

Type of Residence:	
(Check off those that apply)	
<input type="checkbox"/>	Room
<input type="checkbox"/>	Owner Occupied
<input type="checkbox"/>	Rental Unit
<input type="checkbox"/>	Single Family
<input type="checkbox"/>	Mobile Home
<input type="checkbox"/>	Subsidized Housing
<input type="checkbox"/>	Multiple Dwelling
Notes: _____	

Housing Information	
(Check ALL that apply & name provider)	
Y N	
<input type="checkbox"/>	Electricity _____
<input type="checkbox"/>	Indoor Plumbing
<input type="checkbox"/>	Water provider _____
<input type="checkbox"/>	Wood/Coal Stove
<input type="checkbox"/>	Furnace
<input type="checkbox"/>	Bedroom(s) _____
<input type="checkbox"/>	Primary Residency
How do you warm your home: _____	

HOUSEHOLD INFORMATION								
Name of each household member including self	Age	Sex	Social Security No.		Relationship to Head of Household		Gross Monthly Income	Source of Income

Note: An elderly person is a person 65 years of age or older. Determination whether a resident in the household is handicapped can be made in any of the following (1) They provide a copy of a letter from a licensed physician that identifies the percentage of disability letter or (2) The Social Security benefit verification letter under section 1.e.10 indicates payments are for disability or (3) Written determination from Federal, State or other agency providing assistance for handicapped Person or (4) The Subgrantee observes a visible handicap.

AGREEMENT
I, subscribe and affirm, under the penalties of law, that the statements made in this application for Housing Discretionary Assistance (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Prior to any construction, I agree to notify the Chapter of any changes in the information in this application. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given. I understand that this application for Housing Discretionary Assistance does not guarantee that assistance will be granted, but will be used in determining my eligibility. Whether or not an eligible applicant will be provided assistance will depend in part upon the applications received, the remaining available funds and the priorities to be met by the Housing Discretionary Assistance Program (HDAP).

APPLICANT'S SIGNATURE: _____ **DATE:** _____

MARIANO LAKE CHAPTER
Housing Discretionary Assistance Program
INCOME VERIFICATION STATEMENT FORM

All questions in this application must be answered.

Applicant's Name: _____ **DATE:** _____

Social Security Number: _____

Mariano Lake Chapter is requesting your assistance to verify income information for the named applicant who is applying for Housing Discretionary Assistance. To assist our Chapter and applicant, we are asking you to provide us with income information which will be kept confidential and be used only in determining assistance eligibility. Your cooperation and immediate return of the completed form to our office would be greatly appreciated. Applicant authorizes verification of income.

Applicant Signature of Income Approval

Date

INCOME INFORMATION

Type of income: Payroll Retirement Self-employment Social Security
 Disability Stipends Unemployment General Assistance
 Royalties Others: _____

Income Amount: \$ _____ Hourly Weekly Bi-Weekly Monthly Annually

Employer's Business Name: _____ **Business Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Supervisor's Name: _____ **Title:** _____

Name of Individual Providing Information: _____ **Title:** _____

Signature: _____ **Date:** _____

ASSISTANCE PROVIDER INFORMATION

Organization Name: _____ **Business Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Caseworker Name: _____ **Title:** _____

Amount \$ _____ Weekly Bi-Weekly Monthly Annually

Name of Individual Providing Information: _____ **Title:** _____

Signature: _____ **Date:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Mariano Lake Chapter
HOUSING DISCRETIONARY ASSISTANCE PROGRAM

Understanding of the Chapter Housing Discretionary Assistance
Policies & Procedures Form

I, _____, have read and understood the Chapter Housing Discretionary Assistance Policies & Procedures. I will abide by the policies and procedures of the Mariano Lake Chapter.

SIGNATURE:

Applicant

Date

Mariano Lake Chapter
Housing Discretionary Assistance Program

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Mariano Lake Chapter to obtain and verify all necessary information for completion of my housing discretionary assistance application including but not limited to information on my land interest and household income. Further, I hereby release all persons and organizations from liability for providing legally-relevant information in connection with my assistance application. I understand and acknowledge this information will be used in determining my eligibility and extent of assistance through the Mariano Lake Chapter.

SIGNATURE:

Applicant

Spouse

Date

MARIANO LAKE CHAPTER
POB 897, Thoreau, NM 87323

PERMISSION TO ENTER PREMISES FORM

HOMEOWNER UNDERSTANDING

Your building or land is being considered for financial assistance under the Mariano Lake Chapter Housing Assistance Program. This program is funded by the Navajo Nation, under budgeted funds administered by the Mariano Lake Chapter.

PREMISES AUTHORIZATION

I, as owner/authorized agent for the building or land located at,

have read and understand the above and hereby grant permission to representatives of Mariano Lake Chapter to enter the premises when I am present or not present for the purposes of collecting eligibility information or documentation from the residents; and to possibly conduct a work plan which may include an assessment or project planning.

NAME: _____
Applicant Signature

DATE: _____

NAME: _____
Spouse Signature

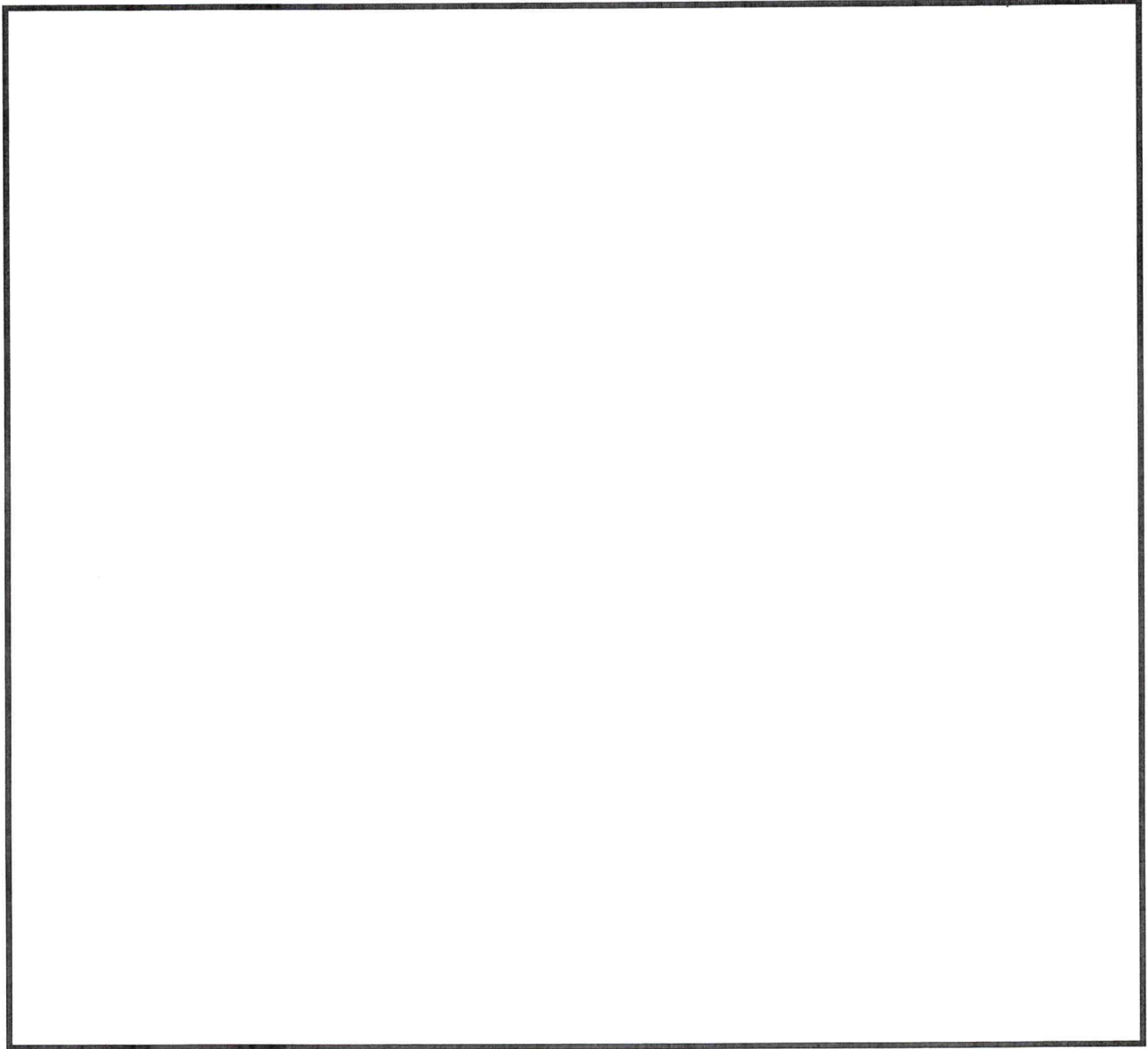
DATE: _____

NAME: _____
Community Services Coordinator
Mariano Lake Chapter

DATE: _____

MARIANO LAKE CHAPTER
Housing Discretionary Assistance Program

MAP TO PROPERTY



Comment(s): (Must Include Rural Address)

APPLICANT'S NAME: _____ DATE: _____