



**MARIANO LAKE CHAPTER**  
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 Thoreau, NM 87323  
 Phone (505) 786-2180/2182 Fax (505) 786-2181  
 Email: [marianolake@navajochaptars.org](mailto:marianolake@navajochaptars.org)



**HOUSING DISCRETIONARY ASSISTANCE**

OPENS: FEBRUARY 3, 2026

**DEADLINE: MARCH 31, 2026 @ 5PM**

REVIEW IN APRIL 2026 & APPROVAL DETERMINATION IN MAY 2026

**Application Check List**

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**SELECT ASSISTANCE OPTION**

**OPTION 1**

**Survey & Clearance Assistance:**

Will cover costs associated with archaeological clearance and/or land survey to obtain a homesite or residential lease, per chapter budget.

The following **MUST** be submitted with your request:

- ✓ Copies of NN Land Dept Application with Receipts  
OR BIA Residential Lease Application
- ✓ 2 Vendor Quotes EACH from the Archaeologists and/or Land Surveyor.

**OPTION 2**

**Materials Assistance:**

Will cover a budgeted amount to purchase needed materials for housing repairs and/or construction.

The following **MUST** be submitted with your request:

- ✓ Copy of APPROVED Homesite Lease  
OR Residential Lease Packet
- ✓ 2 Vendor Quotes for the materials

**IF THE AMOUNT EXCEEDS THE BUDGET, THE APPLICANT WILL BE REQUIRED TO PAY THE DIFFERENCE TO THE VENDOR**

**LISTING OF REQUIRED DOCUMENTS**

- |   |   |
|---|---|
| <input type="checkbox"/> Housing Discretionary Application Packet<br>(Each Form Completed & Signed) | <input type="checkbox"/> Referrals (Doctor, CHR, Social Services, VA, etc.)                                     |
| <input type="checkbox"/> Copy of Identification (State ID)  | <input type="checkbox"/> Must be a registered voter of Mariano Lake<br>Chapter. Voter Registration Verified By: |
| <input type="checkbox"/> Copy of Certificate of Indian Blood<br>(For Applicant & Spouse)            |   |
| <input type="checkbox"/> Copy of Social Security Card (For<br>Applicant & Spouse)                   |   |

**IF THE APPLICATION IS INCOMPLETE, IT WILL NOT BE CONSIDERED FOR APPROVAL**

Chapter Office:



**MARIANO LAKE CHAPTER**  
**Housing Discretionary Assistance Program**  
**APPLICATION**

All questions in this application must be answered.

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

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
Date of HDF Assistance: _____	

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 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 Assistance does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. 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.	

<b>APPLICANT'S SIGNATURE:</b> _____	<b>DATE:</b> _____
<b>APPLICANT'S REPRESENTATIVE:</b> _____	<b>DATE:</b> _____

**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:** \_\_\_\_\_

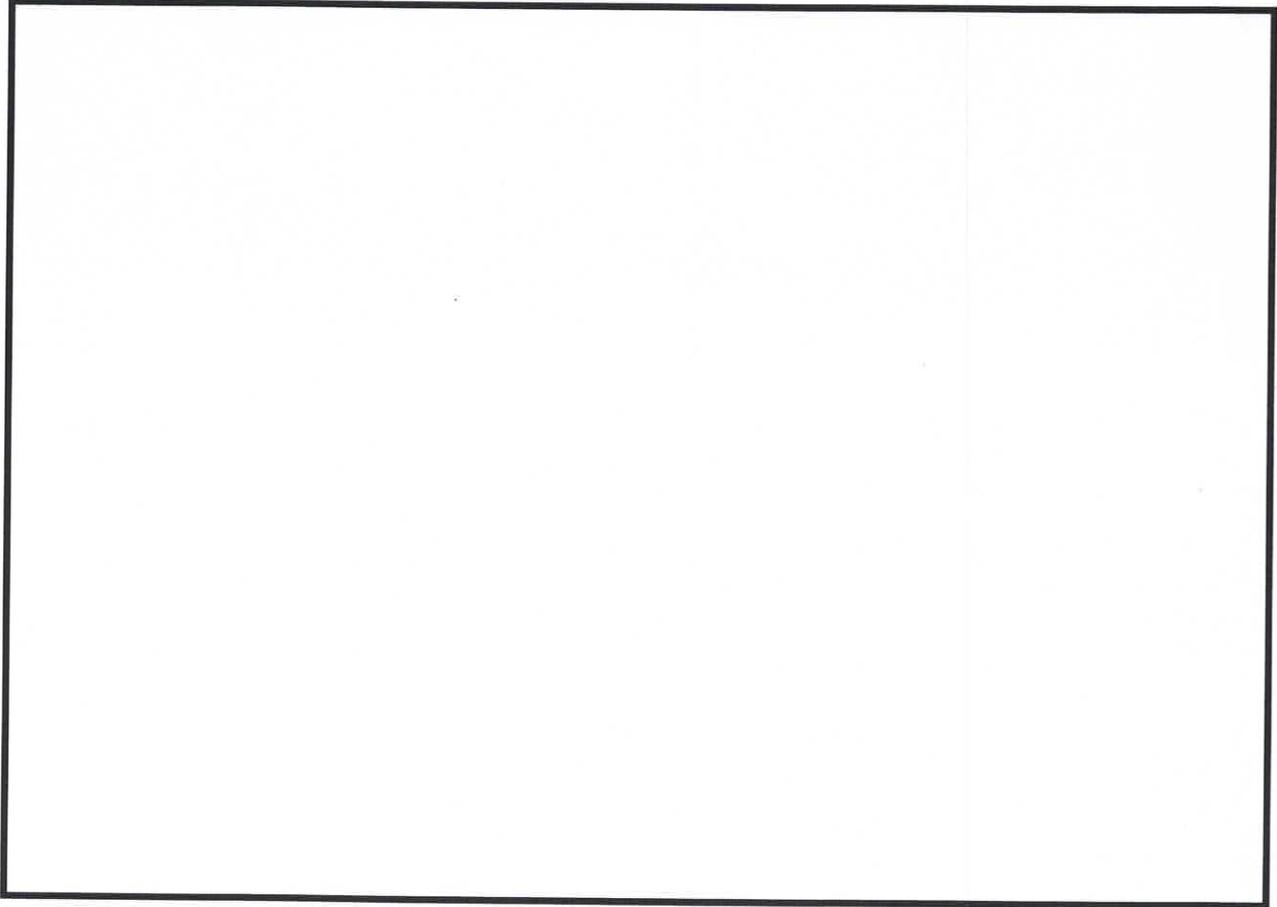
**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANT'S REPRESENTATIVE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



MARIANO LAKE CHAPTER  
Housing Discretionary Assistance Program

MAP TO PROPERTY



Comment(s): (Must Include Rural Address)

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

Mariano Lake Chapter  
Housing Discretionary Assistance Program

AUTHORIZATION FOR RELEASE OF INFORMATION & WAIVER OF ANY LIABILITIES

I, \_\_\_\_\_, hereby authorize the Mariano Lake Chapter to obtain and verify all necessary information for completion of my housing 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 housing application. I understand and acknowledge this information will be used in determining my eligibilty and extent of Housing Assistance through the Mariano Lake Chapter or other housing project sources.

SIGNATURE:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

Mariano Lake Chapter  
Housing Discretionary Assistance Program

AUTHORIZATION FOR RELEASE OF INFORMATION & WAIVER OF ANY LIABILITIES

I, \_\_\_\_\_, hereby authorize all staff of the Navajo Nation and Mariano Lake Chapter to enter my premises for the purpose of providing home improvement services that I have requested for and made clear to the instructions for the improvement tasks. Furthermore, I hereby release all persons, all staff (permanent & temporary), the Navajo Nation, Mariano Lake Chapter and all organizations from liability for providing assistance or services with my home improvements. Lastly, I agree to the assistance provided by the Navajo Nation and Mariano Lake Chapter and that I will not hold any persons responsible for any loss, or broken materials or tools, and If i provide tools to the staff, I will be accountable for all of my personal assets.

SIGNATURE:

\_\_\_\_\_  
Homeowner/resident

\_\_\_\_\_  
Homeowner/resident

\_\_\_\_\_  
Date

Mariano Lake Chapter  
Housing Discretionary Assistance Program

PERMISSION TO ENTER PREMISES FORM

HOMEOWNER UNDERSTANDING

Your building is being considered for renovation 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 located at, \_\_\_\_\_ have read and understand the above and hereby grant permission to representatives of Mariano Lake Chapter to enter this premises when I am present for the purposes of collecting eligibility documentation from the residents and conducting a work plan which may include an assessment for housing renovation.

NAME: \_\_\_\_\_  
Applicant

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

NAME: \_\_\_\_\_  
Chapter Manager

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

