



**OLJATO CHAPTER  
HOUSING COMMITTEE  
CHECKLIST**



**REQUIRED DOCUMENTS NEEDED FOR HOUSING PROJECTS**

**\_\_\_\_\_ 1. Housing Application**

Fill out completely please, enrollment information, family size and composition.

Copies of all required documents: Certificate of Indian Birth, Social Security Cards.

**\_\_\_\_\_ 2. Verification of Home Ownership**

Homesite lease, arch clearance, Biological, Land survey, Cultural Compliance form

**\_\_\_\_\_ 3. Copy of all Certificate of Indian Blood (CIB) of all household members**

**\_\_\_\_\_ 4. Copy of all Social Security Numbers (SS#) of all household members**

Homesite lease, arch clearance, Biological, Land survey, Cultural Compliance form

**\_\_\_\_\_ 5. Map to property**

How to get to your homesite from the chapter. (Rural Addressing, GPS)

**\_\_\_\_\_ 6. Pictures**

Pictures of applicants current living condition, areas of home needing improvement.

**\_\_\_\_\_ 5. Material Listing**

A listing of material needed for the proposed project.

**\_\_\_\_\_ 6. Floor Plan – size of house – number of bathrooms**

\_\_\_\_\_ 2 bed room house 24x40

\_\_\_\_\_ 3 bed room house 28x44

\_\_\_\_\_ 2 bed room house 28x36

\_\_\_\_\_ 3 bed room house 28x52

**\_\_\_\_\_ 7. Voters Registration**

Copy of applicant’s Navajo nation voter registration card, receipt, etc.

**\_\_\_\_\_ 8. Proof of Utah Residency (contact person – Helen Myerson)**

Copy of Utah Navajo Trust Fund Residency Form

**\_\_\_\_\_ 9. Oljato Chapter Resolution**

A copy of Chapter Resolution. A public request form will be forwarded to be considered at the Chapter Meeting upon fund availability.



**OLJATO CHAPTER**  
**UTAH NAVAJO TRUST FUND / NAVAJO REVITALIZATION FUND**  
**HOUSING ASSISTANCE**  
**APPLICATION**



This application is to be completed by the applicant. Applicant must provide information requested for herein including all supporting documentation. Information provided shall be used to determine eligibility for housing assistance.

**I. HOUSEHOLD INFORMATION**

Applicants Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Census Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Email (if applicable) \_\_\_\_\_

Marital status: Unmarried ( ) Married ( ) Separated ( ) Divorced ( )

Is any member of your household handicapped or disabled?

If yes, will that household member require accommodations?

Number of Dependents: (list all household members applying to live with you)

First Name, Middle, Last	Relationship to Applicant	Date of Birth	Census Number

First Name, Middle, Last	Relationship to Applicant	Date of Birth	Census Number

**II. ADDITIONAL INFORMATION:** Please provide a reason for requesting assistance through Oljato Chapter, include any problems or conditions in the family which merits special consideration by the Oljato Housing Committee.

**III. REQUEST FOR HOUSING ASSISTANT**

DO YOU HAVE APPROVED HOMESITE LEASE PACKET?  
*(Archeological, land Survey, Biological, EPA papers)*

INDICATE TYPE OF HOUSE ASSISTANCE YOU ARE REQUESTING:

**New House:** (Indicate the size, # bed rooms, # bathrooms)

<i>One (1) Bedroom House</i>	<i>Two (2) Bedroom House</i>	<i>Three (3) Bedroom House</i>
<b>18 x 22</b>	<b>24 x 40</b>	<b>28 x 44</b>
	<b>28 x 36</b>	<b>28 x 52</b>

**Construction Type:** *(Indicate type of Renovation, Addition)*

<i>Renovation</i>	<i>Additional Assistance</i>	<i>Addition</i>
Minor Renovation	Fencing the homesite	Partial Addition
Major Renovation	Handicapped	Major Addition



If applying for renovations / additions, do you have ownership verification such as title, legal waiver of ownership transfer of the home?

#### IV. PRESENT HOME CHARACTERISTICS

What is your current housing situation?

Own	Live with family	Rent	Live with 1 other family	Live with 2 other family
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Name of Home Owner \_\_\_\_\_

How many people living in the home? \_\_\_\_\_

Is there running water? \_\_\_\_\_ Do you want running water? \_\_\_\_\_

Is there electric? \_\_\_\_\_ Do you want Electric? \_\_\_\_\_

Is there a septic system in place? \_\_\_\_\_ Do you want septic system? \_\_\_\_\_

Type of home heating:

Wood / Coal	Wall Heater	Furnace	Other
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Present overall condition of the home:

Poor	Fair	Good	Other
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Type of construction:

Frame	Block	Stone	Other
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The year your home was built? \_\_\_\_\_

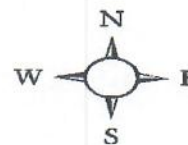
Number of rooms in the home? \_\_\_\_\_

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**V. MAP TO PROPERTY / HOME SITE LEASE LOCATION**

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Please draw a map to the property. Be specific and accurate using permanent point if reference from the Oljato Chapter Administration Building.



## VI. CERTIFICATION

I \_\_\_\_\_ hereby certify that information in items I through VI are true and accurate to the best of my knowledge. I understand any falsification of statement may disqualify my application for housing Assistance. I also agree to comply with the terms and conditions of the Oljato Chapter Housing Committee Guidelines and Housing Committee Policies and Procedures.

I further understand that the Oljato Housing Committee is relying on this information to verify my household's eligibility and priority for Housing Assistance. I Authorize consent to have the Oljato Housing to verify the information contained in this application for purpose of providing my eligibility for housing assistance.

I hereby instruct the Oljato Housing Committee to obtain and review my application and supporting documentation for qualifying purposes. I consent to the release of information needed to determine my eligibility.

*I understand that providing false information or making false statements is ground for denial of my application. I further understand that review of this application is contingent on the eligibility criteria and the applicable program requirements and policies as they exist or a they may hereafter be amended.*

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*Applicant's signature*

*Date*

# AUTHORIZATION FOR RELEASE OF INFORMATION

I \_\_\_\_\_, hereby authorize the Oljato Chapter to verify the information provided in the Housing Application as well as any attachments thereof. Further, I hereby release all persons and organizations from liability for providing Legally-referent information to the Chapter's various resource agencies and Housing Sub-Committee in connection with my Housing Application.

**Signature:**

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APPLICANT DATE