

CHICHILTAH CHAPTER
HOUSING DISCRETIONARY POLICY & PROCEDURES
(505)713-9994 | (505)713-5137 Chichiltah@navajochapters.org

I. PURPOSE

- A. To provide financial assistance from the Housing Discretionary Assistance for registered Chapter members to improve and upgrade their home and to obtain the necessary clearance with a home site lease survey. **Based upon availability of Chapter funds.**

II. ELIGIBILITY

- A. Chichiltah Chapter shall accept applications from registered Chapter members.
B. Applicants who are on a current Indian Health Services Bathroom Construction Addition and/or other Housing Improvement Project(s) are ineligible for the Chapter Housing Discretionary Assistance.
C. Chichiltah Chapter shall be accountable to meet the Five Management System (FMS), pursuant to Title 26 N.N. Code § (101) (A) Requirements.

III. APPLICATION PROCESS

- A. Complete the Chichiltah Chapter Housing Discretionary Application
B. Applications are due by 4:00PM Deadline date. All other supporting documents are allowed up to five business days after deadline to submit for processing.
C. All applications shall be logged-in by a Chapter administration staff member.
D. All applications will be reviewed by Community Services Coordinator (CSC) and the Account Maintenance Specialist (AMS).
E. Applications will be forward to the Chapter Planning Meeting.
F. Final approval will be at the Regular Chapter Meeting.
G. Upon receiving the Chapter Meeting Minutes, AMS shall process the check to the lowest Vendor Bid.
H. The applicant is responsible to pick up the Housing Discretionary Assistance check made in and exact dollar amount to the vendor and pick up the supplies. There shall be NO CASH REFUND FROM THE VENDOR.
I. The applicant is responsible for taking pictures of the project site / scope of work BEFORE work is to commence, which is to be sent by phone via text / email, or brought in-person to the Chapter House.
J. An applicant for an archeological and/or home-site lease survey, will complete the Navajo Nation HOME SITE BIOLOGICAL CLEARANCE FORM and submit with a \$32.50 money order, before the AMS issues the check to vendor.
K. The approved shall wait for a period of 3 calendar years before applying for additional funding. **CHAPTER ADMINISTRATION OFFICE WILL NOT APPROVE HOUSING ASSISTANCE AFTER THE 3 YEAR WAITING PERIOD IF, THE APPLICANT DOES NOT SUBMIT A PURCHASED RECEIPT BACK TO THE OFFICE.**

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IV. DEADLINE DATES

- **March 30th at 4:00pm**
- **June 30th at 4:00pm**
- **August 30th at 4:00pm**

NO HOUSING DISCRETIONARY ASSISTANCE WILL BE APPROVED DURING WINTER WEATHER MONTHS OF NOVEMBER, DECEMBER, JANUARY, FEBRUARY OF THE CALENDAR YEAR.

V. APPROVED ASSISTANCE FOR REGISTERED CHAPTER MEMBERS IS \$800.00, BASED ON AVAILABILITY OF FUNDS FOR THE FOLLOWING:

- A. Building Materials
- B. Archeological Clearance
- C. Home-Site Lease Survey

VI. FINAL ASSESSMENT By Community Service Coordinator (CSC) / Account Maintenance Specialist (AMS)

- A. The work to be done shall be completed with-in the end of each Fiscal Year
- B. Chapter staff shall verify the applicant submit a BEFORE and AFTER picture to the chapter CSC by phone, email, or in-person.
- C. A home visit may be conducted by the Chapter CSC to complete the application with a detailed report, on-site inspection, and photographs.

VII. CHICHILTAH CHAPTER FIVE (5) UNIT COMMUNITY

UNIT 1: <i>Vanderwagen</i>	UNIT 2: <i>Cousins Road</i>
UNIT 3: <i>Oak Mesa & BIA Road 7045</i>	UNIT 4: <i>Jones Ranch</i>
UNIT 5: <i>East of Chapter House to NM Highway 602</i>	

VIII. AUTHORIZATION

- A. If, the Housing Discretionary Applicant decease during the application process; the check issued to the vendor shall be VOIDED immediately by the Chapter AMS.
- B. If there is a credit balance, the Chapter AMS shall immediately contact the vendor and request a refund.

IX. ETHICS

The Navajo Nation Ethics in Government Law N.N.C §3741-3793, stand of conduct, conflicts of interests; Public awareness and Navajo Nation Title 26 shall be adhered to.

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X. AMENDMENTS

The Chichiltah Chapter Housing Discretionary Assistance Plan of Operation shall be reviewed and amended when deemed necessary by the Chichiltah Chapter.

APPLICANT ACKNOWLEDGEMENT

I acknowledge that I have read the Chichiltah Chapter Housing Discretionary Assistance Policy & Procedures and understand that my application will be disapproved if I do not provide all required documentation by the deadline date.

Name of Applicant

DATE

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NAME of APPLICANT: _____ DATE: _____ UNIT: _____

NAME of SPOUSE: _____ DATE: _____ UNIT: _____

RURAL ADDRESS: _____

TYPE of ASSISTANCE:

___ Building Materials

___ Archeological Clearance

___ Home Site Lease Survey

ATTACH THE FOLLOWING SUPPORTING DOCUMENTS

___ Complete Application

___ Three (3) Price Quotes

___ COPY of CIB (Certificate of Indian Blood)

___ COPY of Drivers License or State issued ID

___ COPY of Homesite Lease / Residential Lease / Private Land Ownership Deed

___ COPY of Voters Registration (Verified Registration by: _____)

___ Pictures of Scope of Work (SOW) BEFORE and AFTER

___ Applicant shall return Receipt of Purchase to the Chapter AMS

___ No receipt, Applicant is NO longer eligible for assistance

REVIEWED by Account Maintenance Specialist (AMS):

REVIEWED by Community Service Coordinator (CSC):

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APPLICANT INFORMATION

NAME:	DATE of BIRTH:	CENSUS#:
TELEPHONE #:	EMAIL:	
RURAL ADDRESS:		
MAILING ADDRESS:		
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		
VETERAN: Y N		
ARE YOU OR ANYONE IN YOUR HOUSEHOLD DISABLED? Y N		
MEDICAL REFERRAL — MEDICAL STATEMENT ATTACHED: Y N		

SPOUSE INFORMATION

NAME:	DATE of BIRTH	CENSUS#:
RURAL ADDRESS:		
MAILING ADDRESS:		
Navajo Nation REGISTERED VOTER: Y N		

NAMES of FAMILY MEMBER(S) LIVING WITH YOU IN THE HOUSEHOLD

NAME:	DATE of BIRTH:	RELATIONSHIP	CENSUS #:

HOUSING INFORMATION

Do You Have a Homesite Lease/ Residential Lease/ Private Land Ownership Deed: Y N			
Type of Home:	<input type="checkbox"/> House	<input type="checkbox"/> Hogan	<input type="checkbox"/> Mobile Home
HOUSE SIZE: Square Ft.:	Length:	Width:	
Year Built:	Number of Rooms:		

SCOPE of WORK

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DRAW A MAP TO YOUR RESIDENCE AND INCLUDE YOUR RURAL ADDRESS

NORTH

WEST EAST

SOUTH

I hereby acknowledge that the information provided above is true and correct for the purpose of the Chichiltah Chapter Housing Discretionary Fund Issue to me. False or misleading information will result in denial of eligibility determination

I hereby acknowledge, I will pick up my Housing Discretionary Assistance Check and pick up the supplies within 30 days. A check not picked up within 30 days shall be voided.

APPLICANT SIGNATURE

DATE

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CHAPTER ADMINISTRATION OFFICE

DATE APPLICATION ISSUED: _____

DATE APPLICATION RETURNED: *(Log in with office time clock)*

QUARTER APPLIED

_____ **MARCH 30TH AT 4:00PM**

_____ **JUNE 30TH AT 4:00PM**

_____ **AUGUST 30TH AT 4:00PM**

ARE THE PICTURES of SCOPE of WORK ATTACHED: Y____ N____

DATE of HOME VISIT: _____

COMMENT:

VERIFICATION of APPLICATION CLOSE-OUT

APPROVED: _____	AMOUNT: _____	CHECK #: _____	DATE APPROVED: _____
DISAPPROVED:	INDICATE REASON:		

DELIVERD TO VENDOR: Y N			
RECEIPT RETURNED DATE:			
SUBMITTED BY:			
OFFICE STAFF SIGNATURE:			