

Client: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No: \_\_\_\_\_

FAMILY COMPOSITION				
Name of Family Member	Relation	Age	Sex	Occupation

FAMILY INCOME			
Name	Source, Type & Rate	Past 12 mos.	Next 12 mos.
			\$
			\$
<b>Total Family Income:</b>		\$ -	\$ -

**CURRENT HOUSING**

Without Housing?     Yes                       No  
 Reason: \_\_\_\_\_  
 Present Living Arrangements: \_\_\_\_\_  
 Is assistance request due to disaster? (Burnout, fire, flood, etc?)  
 Yes     No      Explain: \_\_\_\_\_  
 Have you been assisted from other housing programs?                       Yes     No  
 Who: \_\_\_\_\_                      Year of Assistance: \_\_\_\_\_  
 No. of bedrooms in current house: \_\_\_\_\_ Bedrooms  
 Measurement of House: \_\_\_\_\_

**HOUSING CONDITION**

<b>Living Under Substandard Conditions?</b>	<b>Y/N</b>
Structurally unsafe? Declared by whom?	_____
No potable running water?	_____
No usable flush toilet?	_____
No installed usable tub or shower?	_____
No operating bathroom or kitchen sink?	_____
Inadequate or no electrical wiring system?	_____
Inadequate or no home heating system?	_____
Other conditions not listed:	_____

**NAVAJO RESERVATION RESIDENCY**

Length of residence: \_\_\_\_\_ Yrs                      \_\_\_\_\_ Mos.  
 Are you a Chapter Member?     Yes  No                      Where? \_\_\_\_\_  
 Are you a Registered Voter?     Yes  No                      Where? \_\_\_\_\_  
 Location Description of Residency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Client Name:</b>	<b>OTHER CONSIDERATIONS</b>	
	Elderly? (Must be over of 65 to be considered.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Handicapped? (Must be documented.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Disabled? (Must be documented.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Consideration (Explain specifics.):	_____

**CERTIFICATION OF APPLICATION**

The above information is true, true and complete to the best of my/our knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that any and all false information may disqualify my application

Signature of Applicant 1

Date

Signature of Applicant 2

Date

**FOR CHAPTER USE ONLY**

Recvd By: \_\_\_\_\_

Others: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Com/Inc. \_\_\_\_\_

Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Date:

Summary:

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