



**Forest Lake Chapter
Housing Assistance**

Highway N-41 * Post Office Box 441
Pinon, Arizona 86510

Phone: (928) 677-3252/3347 * Fax: (928) 677-3320

Email: forestlake@navajochapters.org

FY'22

TYPE OF ASSISTANCE APPLYING FOR:

- Repairs
- Weatherization
- Archaeological
- Other: _____

Name: _____ Date: _____

Please attach the following CURRENT documents with the Forest Lake Chapter Housing Assistance application.

Please note: Chapter Administration Staff may ask for additional documents

- 1. Housing Assistance Application
- 2. Map of Property: Directions to your home from the Chapter House
- 3. Evidence of Land Ownership: (excludes stove assistance)
* APPROVED Home Site/Residential Lease in your own name. All Home Site Lease require an Archaeological Clearance Report.
- 4. Copy of Social Security Card for all household members
- 5. Copy of Certificate of Indian Blood (CIB) for all household members
- 6. Copy of Navajo Nation Voter Registration receipt or card for Head of Household and spouse
- 7. Referrals from outside entities (i.e.: IHS, Social Security, Veterans Affairs, etc.)
- 8. Three (3) Quotations from different Vendors (i.e.: Home Depot, Ace Hardware, True Value, etc.)
- 9. Before and after photos of home you are seeking assistance for.
- 10. NTUA Statement (Required.).

RETURN COMPLETE APPLICATION AND DOCUMENTS TO FOREST LAKE CHAPTER ADMINISTRATION OFFICE.

Obtaining a Navajo Nation Voter Verification: Navajo Nation Election Administration can verify requested voter registration by fax: Navajo Nation Elections Administration, Fax # (928) 871-7344. NN Elections Administration will not verify Voter Registration request made by telephone. Please inform them to send a copy by fax to (928) 677-3320. For more information please write to: Navajo Nation Elections Administration, Post Office Box 3449, Window Rock, Arizona 86515, or call (928) 871-6367 or 1-800-775-8683.

PLEASE CONTACT FOREST LAKE CHAPTER FOR MORE INFORMATION (928) 677-3252.



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PERSONAL & FAMILY DATA:

NAME: (First) (Middle) (Last)			CENSUS #:	SOCIAL SECURITY#	DATE OF BIRTH:
ADDRESS:		CITY, STATE, ZIP CODE		TELEPHONE:	
EMPLOYER'S NAME:	ADDRESS:	CITY, STATE, ZIP CODE:	TELEPHONE:		

SPOUSE'S NAME: (First) (Middle) (Last)			CENSUS #:	SOCIAL SECURITY#	DATE OF BIRTH:
ADDRESS:		CITY, STATE, ZIP CODE		TELEPHONE:	
EMPLOYER'S NAME:	ADDRESS:	CITY, STATE, ZIP CODE:	TELEPHONE:		

PLEASE LIST ALL HOUSHOLD MEMBERS: Beginning with the oldest.

NAME:	DATE OF BIRTH:	RELATIONSHIP TO APPLICANT:	CENSUS #:

HOUSING INFORMATION:

DESCRIBE WORK THAT NEEDS TO BE DONE:			
IS ELECTRICTY AVAILABLE:	WATER SOURCE:	# OF BEDROOMS:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Private Well <input type="checkbox"/> Water Tank <input type="checkbox"/> Haul <input type="checkbox"/> Other: _____		
HOUSE SIZE:	FACILITIES IN HOME:	IS THIS YOUR PRIMARY DWELLING:	
Square Feet _____	Flush Toilet: YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Length (ft./in.) _____	Bathub: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Width (ft./in.) _____	Sink/Lavatory: YES <input type="checkbox"/> NO <input type="checkbox"/>		

I certify that the information provided is correct to the best of my knowledge.

Signature of Applicant

Date

APPROVAL: Name & Title	DATE:	CHECK #:	VENDOR NAME:	AMOUNT:
				\$

RETURNED RECEIPT YES, DATE: _____

PLEASE DRAW A MAP TO YOUR HOME FROM FOREST LAKE CHAPTER HOUSE.