



**NAVAJO NATION DEPARTMENT OF JUSTICE**  
*OFFICE OF THE ATTORNEY GENERAL*

ETHEL B. BRANCH  
Attorney General

HEATHER CLAH  
Deputy Attorney General

**DEPARTMENT OF JUSTICE**  
**INITIAL ELIGIBILITY DETERMINATION**  
**FOR NAVAJO NATION FISCAL RECOVERY FUNDS**

**RFS/HK Review #:** \_\_\_\_\_

**Date & Time Received:** \_\_\_\_\_

**Date & Time of Response:** \_\_\_\_\_

**Entity Requesting FRF:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Administrative Oversight:** \_\_\_\_\_

**Amount of Funding Requested:** \_\_\_\_\_

**Eligibility Determination:**

- FRF eligible
- FRF ineligible
- Additional information requested

**FRF Eligibility Category:**

- (1) Public Health and Economic Impact
- (2) Premium Pay
- (3) Government Services/Lost Revenue
- (4) Water, Sewer, Broadband Infrastructure

**U.S. Department of Treasury Reporting Expenditure Category:** \_\_\_\_\_

**Returned for the following reasons (Ineligibility Reasons/Paragraphs 5.E.(1)-(10) of FRF Procedures):**

- Missing Form
- Supporting documentation missing
- Project will not be completed by 12/31/2026
- Ineligible purpose
- Submitter failed to timely submit CARES reports
- Additional information submitted is insufficient to make a proper determination
- Expenditure Plan incomplete
- Funds will not be obligated by 12/31/2024
- Incorrect Signatory
- Inconsistent with applicable NN or federal laws

Other Comments: \_\_\_\_\_  
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Name of DOJ Reviewer: \_\_\_\_\_

Signature of DOJ Reviewer: 

**Disclaimers:**

If additional information has been requested and you wish to provide it, please resubmit all the required forms updated to include the additional information. Full resubmission will expedite the Initial Eligibility Determination process. Therefore, please include a new RFS form indicating resubmission, revised Appendix A, Budget Form 1, and other supporting documents. **Please email your resubmission to arpa@nndoj.org.** Please be aware that under Resolution BFS-31-21 a Project or Program can only be reviewed twice, therefore it is critical that you include all the requested additional information for your second submission.

An NNDOJ Initial Eligibility Determination is based on the documents provided, which NNDOJ will assume are true, correct, and complete. Should the Project or Program change in any material way after the initial determination, the requestor must seek the advice of NNDOJ. An initial determination is limited to review of the Project or Program as it relates to whether the Project or Program is a legally allowable use – it does not serve as an opinion as to whether or not the Project or Program should be funded, nor does it serve as an opinion as to whether or not the amount requested is reasonable or accurate.

**THE NAVAJO NATION  
FISCAL RECOVERY FUNDS REQUEST FORM & EXPENDITURE PLAN  
FOR GOVERNANCE-CERTIFIED CHAPTERS**

**Part 1. Identification of parties.**

Governance-Certified Chapter requesting FRF: Nazlini Chapter Government Date prepared: May 1, 2023

Chapter's mailing address: P.O. Box 7387, Nazlini, Arizona 86540-7387 phone & email: (928) 755-5900  
website (if any): \_\_\_\_\_

This Form prepared by: Melissa Winney, Chapter Manager phone/email: (928) 755-5900

CONTACT PERSON'S name and title

CONTACT PERSON'S info

Title and type of Project: Wood/Pellet Stoves (Negative Economic Impacts - Housing Support)

Chapter President: Lee V. Bigwater phone & email: lbigwater@naataanii.org

Chapter Vice-President: Joseph Dedman phone & email: josephdedman32@gmail.com

Chapter Secretary: JoAnn Dedman phone & email: asdzaaltsui@hotmail.com

Chapter Treasurer: JoAnn Dedman phone & email: asdzaaltsui@hotmail.com

Chapter Manager or CSC: Melissa Winney, Chapter Mgr. phone & email: mwinney@nnchapter.org

DCD/Chapter ASO: Edgerton Gene, Sr. Prog./Proj. Sp. phone & email: (928) 674-2251 egene@nndcd.org

List types of Subcontractors or Subrecipients that will be paid with FRF (if known): \_\_\_\_\_

document attached

Amount of FRF requested: \$140,000.00 FRF funding period: May 1, 2023 - December 31, 2026  
indicates Project starting and ending/deadline date

**Part 2. Expenditure Plan details.**

(a) Describe the Program(s) and/or Project(s) to be funded, including how the funds will be used, for what purposes, the location(s) to be served, and what COVID-related needs will be addressed:

This project will consist of providing wood or pellet stoves to be used in households needing housing support to heat their homes. It involves the proper installation & operation of these efficient & high heat output stoves to support healthy & warm households. These wood/pellet stoves will directly address one of the major deficiencies connected to the high outbreak of COVID-19 on the Navajo Nation. Access to a properly functioning home facilitates sustainable economic & social growth & can drastically increase the quality of healthy living.

document attached

(b) Explain how the Program or Project will benefit the Navajo Nation, Navajo communities, or the Navajo People:

Most rural communities on the Navajo Nation lack access to services & COVID-19 impeded these services. A high number of homes on the Navajo Nation lack access to one or more of the following utilities; heating, electricity, water, wastewater & broadband. This project will provide heating to a home that lacks it or will improve heating to address the need for healthy living. This project will assist in promoting public health, economic stimulus & directly benefit homes.

document attached

(c) A prospective timeline showing the estimated date of completion of the Project and/or each phase of the Project. Disclose any challenges that may prevent you from incurring costs for all funding by December 31, 2024 and/or fully expending funds and completing the Program(s) or Project(s) by December 31, 2026:

Based on the funding, the project end date will be December 31, 2026 with all funds being incurred before December 31, 2024. Navajo Nation Budget Form 2 are attached for phase goals per quarter of funding period.

document attached

(d) Identify who will be responsible for implementing the Program or Project:

The Nazlini Chapter Government Chapter Manager will be implementing the NN ARPA Funding Act & Nazlini Chapter ARPA Wood/Pellet Stove Project.

document attached

(e) Explain who will be responsible for operations and maintenance costs for the Project once completed, and how such costs will be funded prospectively:

Recipient(s) will be responsible for operation and maintenance of installed fire wood or pellet stove. No additional cost or recurring cost will be incurred by Nazlini Chapter Government once fire wood or pellet stoves are completed.

document attached

(f) State which of the 66 Fiscal Recovery Fund expenditure categories in the attached U.S. Department of the Treasury Appendix 1 listing the proposed Program or Project falls under, and explain the reason why:

Categories: Negative Economic Impacts: 2.18 - Housing Support (other housing assistance)

Pursuant to the U.S. Treasury guidelines and funding objectives, these fire wood/pellet stoves address the conditions that contributed to poor public health & economic outcomes during the pandemic. By concentrating in areas with limited economic opportunities and inadequate or poor housing quality, access to resources facilitates improved health outcomes including services that connect residents with health care resources & public assistance & build healthier environments such as: housing services to support healthy living environments & neighborhoods conducive to mental & physical wellness. The exacerbation of health disparities during the pandemic & the role of pre-existing social vulnerabilities are presumed to be responsive to the public health impact of the pandemic. These fire wood/pellet stoves build healthier environments. Access to electricity facilitates sustainable economic, social growth & can drastically increase the quality of healthcare provided.

document attached

**Part 3. Additional documents.**

List here all additional supporting documents attached to this FRF Expenditure Plan (or indicate N/A):

Chapter Resolution attached

**Part 4. Affirmation by Funding Recipient.**

Funding Recipient affirms that its receipt of Fiscal Recovery Funds and the implementation of this FRF Expenditure Plan shall be in accordance with Resolution No. CJY-41-21, the ARPA, ARPA Regulations, and with all applicable federal and Navajo Nation laws, regulations, and policies:

Chapter Preparer: Melvin Weiney signature of Preparer/CONTACT PERSON

Approved by: [Signature] signature of Chapter President (or Vice-President)

Approved by: Melvin Weiney signature of Chapter Manager of CSC

Approved by: [Signature] signature of DCD/Chapter ASO

Approved to submit for Review: [Signature] signature of DCD Director

FY 2023



THE NAVAJO NATION  
PROGRAM BUDGET SUMMARY

Page 1 of 3  
BUDGET FORM 1

PART I. Business Unit No.: NEW Program Title: Nazini Chapter Gov't - Wood/Pellet Stoves Division/Branch: Executive /DCD  
 Prepared By: Melissa Winney, Chapter Manager Phone No.: (928) 755-9500 Email Address: mwinney@nnchapters.org

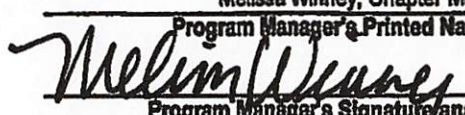

PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference or Total
NN Fiscal Recovery Funds	5/1/23-12/31/26	140,000.00	100%	2001 Personnel Expenses				
				3000 Travel Expenses				
				3500 Meeting Expenses				
				4000 Supplies				
				5000 Lease and Rental				
				5500 Communications and Utilities				
				6000 Repairs and Maintenance				
				6500 Contractual Services	6	0	140,000	140,000
				7000 Special Transactions				
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	140,000.00	140,000
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:		0	0	
				Total # of Vehicles Budgeted:		0	0	
		<b>TOTAL:</b>	\$140,000.00	100%				

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

SUBMITTED BY: Melissa Winney, Chapter Manager APPROVED BY: Arbin Mitchell, Director  
 Program Manager's Printed Name Division Director / Branch Chief's Printed Name  
   
 Program Manager's Signature and Date Division Director / Branch Chief's Signature and Date

Jaron Charley 10/30/2023  
 Jaron Charley, Program Manager

**THE NAVAJO NATION  
PROGRAM PERFORMANCE CRITERIA**

<b>PART I. PROGRAM INFORMATION:</b>											
Business Unit No.: <u>NEW</u>			Program Name/Title: <u>Nazini Chapter Gov't - Wood/Pellet Stoves</u>								
<b>PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:</b>											
The Navajo Nation Chapters Plan of Operations is reference in Title 26 of the Navajo Nation Code.											
<b>PART III. PROGRAM PERFORMANCE CRITERIA:</b>											
			<b>1st QTR</b>		<b>2nd QTR</b>		<b>3rd QTR</b>		<b>4th QTR</b>		
			Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	
<b>1. Goal Statement:</b>											
To install or upgrade house heating at various Nazini community member's homes											
<b>Program Performance Measure:</b>											
Procure Pellet/Wood Stoves for various Nazini community members homes			1		1		1		1		
<b>2. Goal Statement:</b>											
<b>Program Performance Measure:</b>											
<b>3. Goal Statement:</b>											
<b>Program Performance Measure:</b>											
<b>4. Goal Statement:</b>											
<b>Program Performance Measure:</b>											
<b>5. Goal Statement:</b>											
<b>Program Performance Measure:</b>											
<b>PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.</b>											
Melissa Winney, Chapter Manager			Arbin Mitchell, Director								
Program Manager's Printed Name			Division Director/Branch Chief's Printed Name								
											
Program Manager's Signature and Date			10/30/2023		Division Director/Branch Chief's Signature and Date						
Jaron Charley, Program Manager											

THE NAVAJO NATION  
 DETAILED BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Nazlini Chapter Gov't - Wood/Pellet Stoves</u>		Business Unit No.: <u>NEW</u>	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification (LOD 7)	Total by DETAILED Object Code (LOD 6)	Total by MAJOR Object Code (LOD 4)
6960	Subcontracted Services		140,000
6990	Subcontracted Services Purchase wood or pellet stoves for households in the Nazlini community & help to reduce heating bills and reduce health problems.	140,000	
	<b>Negative Economic Impacts: Housing Support (Other Housing Assistance) - ARPA Wood/Pellet Stove Project.</b> This project consist of providing wood/pellet stoves to be used in households needing housing support to heat their homes. It involves the proper installation & operation of these efficient & high heat output stoves to support healthy & warm households. These fire wood/pellet stove will directly address one of the major deficiencies connected to the high outbreak on the Navajo Nation. Access to a properly functioning homes facilitates sustainable economic & social growth & can drasti		
<b>TOTAL</b>		140,000	140,000

**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

<b>PART I.</b> Business Unit No.: <u>NEW</u> Project Title: <u>Nazlini Chapter Government - Wood/Pellet Stoves</u> Project Description <u>Project consist of providing wood or pellet stoves to be used in households needing housing support to heat their homes</u> <u>It involves the proper installation &amp; operation of these efficient &amp; high heat output stoves to support healthy &amp; warm households.</u> Check one box: <input checked="" type="checkbox"/> Original Budget <input type="checkbox"/> Budget Revision <input type="checkbox"/> Budget Reallocation <input type="checkbox"/> Budget Modification	<b>PART II.</b> Project Information Project Type: <u>Purchase</u> Planned Start Date: <u>5/1/2023</u> Planned End Date: <u>12/31/2026</u> Project Manager: <u>Melissa Winney</u>
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<b>PART III.</b> List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	<b>PART IV.</b> Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.																								Expected Completion Date if project exceeds 8 FY Qtrs.																																																																																																																										
	FY 2023												FY 2024													Date 12/31/2026																																																																																																																									
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.				O	N	D	J	F	M																																																																																																																				
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<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Finance (Securing Funds)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>XX</td><td>XX</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Planning &amp; Selection</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>XX</td><td>XX</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Preparation &amp; Supplies</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>XX</td><td>XX</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Delivery &amp; Installation</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>XX</td><td>XX</td><td>XX</td><td>XX</td><td>XX</td><td>XX</td><td>XX</td><td>XX</td><td>XX</td><td>XX</td><td>XX</td><td></td><td></td><td></td><td>XX</td><td></td> </tr> </table>																												Finance (Securing Funds)										XX	XX																			Planning & Selection											XX	XX																		Preparation & Supplies												XX	XX																	Delivery & Installation														XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX				XX	
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<b>PART V.</b>	\$	\$	\$	\$	\$	\$	\$	PROJECT TOTAL																			
Expected Quarterly Expenditures								20,000.00	40,000.00	40,000.00	30,000.00	10,000.00	\$140,000.00														





# NAZLINI CHAPTER GOVERNMENT



LEE V. BIGWATER  
CHAPTER PRESIDENT

JOSEPH DEDMAN  
CHAPTER VICE-PRESIDENT

JOANN DEDMAN  
SECRETARY/TREASURER

CRYSTALYNE CURLEY  
COUNCIL DELEGATE

IRVIN SHIRLEY  
GRAZING REPRESENTATIVE

## NAZLINI CHAPTER RESOLUTION NAZL-JULY-23-062

### APPROVING THE PROPOSED REQUEST FOR ADDITIONAL AMERICAN RESCUE PLAN ACT (ARPA) PROJECTS AND BUDGETS AND REQUESTING THE 25<sup>TH</sup> NAVAJO NATION COUNCIL FOR SUPPORT AND APPROVAL

#### WHEREAS:

1. Pursuant to N.N.C., Title 26, Section 101, and the Navajo Nation Council Resources and Development Committee Legislation #RDCF-0052-15 dated February 17, 2015, Nazlini Chapter Government was recognized as an LGA Certified Chapter and delegated with the responsibility and authority to make decisions over local chapter matters; AND
2. Pursuant to Resolution CJN-29-22, the Navajo Nation Council approved the allocation of \$1,070,298,867.00 of the Navajo Nation Fiscal Recovery Funds and approved the Fiscal Recovery Fund Expenditure Plans for chapter and regional projects; AND
3. The Navajo Nation Fiscal Recovery Fund Office anticipates that some chapters and organizations will not be able to encumber and expend allocated funds before the deadlines established by the Federal Government; AND
4. Nazlini Chapter would like to take a proactive approach and be prepared with shovel-ready projects to take advantage of this once in a lifetime opportunity; AND
5. Nazlini Chapter will submit the additional proposed projects to the Navajo Nation Fiscal Recovery Fund Office, Division of Community Development and Navajo Department of Justice to determine project eligibility.

#### NOW THEREFORE BE IT RESOLVED THAT:

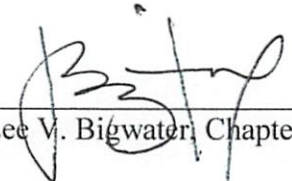
1. The Nazlini Chapter hereby approves the proposed request for additional American Rescue Plan Act (ARPA) projects and budget and requests the 25<sup>th</sup> Navajo Nation Council for support and approval as listed below.

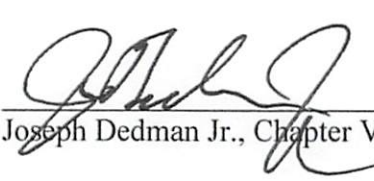
Page Two  
NAZL-JULY-23-062  
July 07, 2023

	PROJECT DESCRIPTION	CATEGORY & TITLE	AMOUNT
01	Hazard/Premium Pay	4.1-Premium Pay	\$94,200.00
02	Wood/Pellet Stoves	2.18-Housing Support	\$140,000.00
03	Refrigerators & Ranges	2.18-Housing Support	\$195,000.00
04	PEP Temporary Employment	2.37-Econ Impact Assistance	\$762,178.54
05	Equipment & Machinery	6.1-Prov of Govt Services	\$520,000.00
06	C-Store/Post Office/Laundromat	6.1-Prov of Govt Services	\$10,000,000.00
		<b>GRAND TOTAL</b>	<b>\$11,711,378.54</b>

### CERTIFICATION

We hereby certify that the foregoing resolution was duly considered and moved for adoption by Lorraine Nells, seconded by Elbert Woody and passed by a vote of 27 in favor, 0 opposed, 0 abstained, this 7th day of July 2023.

  
\_\_\_\_\_  
Lee V. Bigwater, Chapter President

  
\_\_\_\_\_  
Joseph Dedman Jr., Chapter Vice President


  
\_\_\_\_\_  
JoAnn Dedman, Chapter Secretary/Treasurer

\_\_\_\_\_  
Irvin R. Shirley, Grazing Representative

**SCANNED**  
JUL 07 2023  
BY: MSW

**HK####: Home Appliance Application for wood stove/pellet stove**

1. Please clarify how many community members are going to be receive the assistance?
  - a. Right now, we don't have a set number of members that will be helped. What the chapter is planning to do is take application depending on what community would like because both will be different prices and the quantity will depend on the market value that we can get off a sam.gov vendor that is will to not charge us taxes and bulk sale. We had a number of 75 for each wood pellets and 75 firewood stoves are what we were thinking about in the beginning when this all came about but then we realized that we could possibly get more for our money by doing bulk size ordering.
2. Is there an application for the community members to fill out to be deemed eligible?
  - a. Currently this is draft application that will be attached the only requirement is that they have to be registered with Nazlini chapter for 6 months prior to the application. Then Nazlini Chapter Manager along with Project Coordinator will go to the homes and assess the needs of the people by doing home visits and also taking photos of the current appliances to determine who needs items.
3. Or is there a list of community members?
  - a. No, there is no current listing. We have told our community members that this could be possible funded so be on the look out for the application once approved by the FRF office and legislation is approved by council and money is in the bank to start making purchases of home appliances. This will also be going for range cooking stoves and refrigeration appliances as well. Same application will be used once we finalize the application.

  
Melissa, Winney, Chapter Manager  
Nazlini Chapter Government

  
Date



# NAZLINI CHAPTER GOVERNMENT



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CHAPTER PRESIDENT

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CHAPTER VICE-PRESIDENT

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CRYSTALYNE CURLEY  
COUNCIL DELEGATE

IRVIN SHIRLEY  
GRAZING REPRESENTATIVE

## NAZLINI CHAPTER GOVERNMENT HOME APPLIANCE APPLICATION REQUEST

Applicant Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Nazlini Chapter Administration Staff **will not forward incomplete applications** to the Chapter Manager. **No Exceptions.**

### Required Documents:

- \_\_\_ ( ) Proof of Navajo Nation Voters Registration with Nazlini Chapter
- \_\_\_ ( ) Home Appliance Application
- \_\_\_ ( ) Copy of **Applicant's** Certificate Degree of Indian Blood
- \_\_\_ ( ) Permission to Enter Premises
- \_\_\_ ( ) Medical Referral(s)
- \_\_\_ ( ) Authority for Release Information
- \_\_\_ ( ) Complete Map to Property Site
- \_\_\_ ( ) On Site Needs Assessment
- \_\_\_ ( ) On Site Education of product
- \_\_\_ ( ) Pictures for NEW installation

\*STAMP RECEIVE HERE\*

**FY2024**

\*FOR OFFICE USE ONLY\*

**I affirm that all documents needed for this request have received and will be forwarded for consideration.**

\_\_\_\_\_  
Administrative Assistant

*\*SAMPLE*



# NAZLINI CHAPTER GOVERNMENT



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GRAZING REPRESENTATIVE

## HOME APPLIANCE APPLICATION

NAME		CO-APPLICANT	
CENSUS #	DOB	CENSUS #	DOB
REGISTERED VOTER	YES     NO	REGISTERED VOTER	YES     NO

**\*\*\*Have to be register for Nazlini Chapter for 6 months prior to this application.\*\*\***

## CONTACT INFORMATION

MAILING ADDRESS	DIRECTIONS TO PHYSICAL ADDRESS
HOME PHONE	
CELL PHONE	

## FAMILY SIZE-NAMES & AGES OF PEOPLE LIVING IN YOUR HOUSEHOLD

1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Refrigerator

Range

**Circle One:** Electric or Propane

Heating Stove

**Circle One:** Wood Pellet Stove or Firewood Stove

## WHY ARE YOU REQUESTING FOR ASSISTANCE-BE SPECIFIC


I certify that all information provided on this application is accurate and complete, I further give Nazlini Chapter permission to verify any information related to this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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GRAZING REPRESENTATIVE

## MUTUAL STATEMENT AND PROMISE:

THE NAZLINI CHAPTER ENCOURAGES THE SELF-HELP CONCEPT THE GRANT RECIPIENTS WHO ARE ABLE-BODIED IN PROVIDING LABOR AND EQUIPMENT NEEDED TO COMPLETE THEIR OWN PROJECTS IN A TIMELY MANNER.

TYPE OF LABOR TO BE UTILIZED:

\_\_\_\_\_ Public Employment Program (PEP)

Initial \_\_\_\_\_

I/WE CERTIFY THE STATEMENT MADE IN THIS APPLICATION FOR HOME APPLIANCE ASSISTANCE HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEVE ARE TRUE AND CORRECT. I/WE ALSO UNDERSTAND THAT THIS APPLICATION FOR HOME APPLIANCE ASSISTANCE DOES NOT GUARANTEE THAT ASSISTANCE WILL BE GRANTED, BUT WILL BE USED IN DETERMINING ELIGIBILITY FOR THE HOME APPLIANCE.

Initial \_\_\_\_\_

IF/MY APPLICATION IS APPROVED, I/WE WILL NOT SELL, TRADE, BARTER, EXCHANGE FOR OTHER SERVICES OR USE MATERIALS FOR ANY PURPOSE OR SITE, EXCEPT AS LISTED IN THIS APPLICATION.

Initial \_\_\_\_\_

IF/MY APPLICATION IS APPROVED, I/WE WILL ALLOW NAZLINI CHAPTER TO TAKE PHOTOS TO BE ACCOUNTABLE TO US TREASURY GUIDELINES.

Initial \_\_\_\_\_

HOME APPLIANCE EDUCATION WILL BE GIVEN TO ME AT THE TIME OF INSTALL IF APPROVED. I WILL ALSO KEEP UP THE MAINTENANCE OF THE HOME APPLIANCES AND NAZLINI CHAPTER IS NOT RESPONSIBLE FOR ANY REPAIRS OR DAMAGES.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



# NAZLINI CHAPTER GOVERNMENT



LEE V. BIGWATER  
CHAPTER PRESIDENT

JOSEPH DEDMAN  
CHAPTER VICE-PRESIDENT

JOANN DEDMAN  
SECRETARY/TREASURER

CRYSTALYNE CURLEY  
COUNCIL DELEGATE

IRVIN SHIRLEY  
GRAZING REPRESENTATIVE

## AUTHORITY FOR RELEASE OF INFORMATION:

I, \_\_\_\_\_ HEREBY AUTHORIZE THE NAZLINI CHAPTER TO VERIFY THE INFORMATION GIVEN IN MY HOME APPLIANCE APPLICATION. FURTHER, I HEREBY RELEASE ALL CONFIDENTIAL INFORMATION TO THE CHAPTER ADMINISTRATION FROM LIABILITY FOR PROVIDING LEGALLY RELEVANT INFORMATION IN CONNECTION WITH MY HOME APPLIANCE APPLICATION.

SIGNATURE: \_\_\_\_\_  
APPLICANT

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

\_\_\_\_\_  
SPOUSE NAME

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



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CHAPTER VICE-PRESIDENT

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COUNCIL DELEGATE

IRVIN SHIRLEY  
GRAZING REPRESENTATIVE

## MAP TO PROPERTY SITE:

**\*Detail Description of Home Location\***

N

S

W

E

APPLICANT NAME: \_\_\_\_\_  
(Client)

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





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CHAPTER VICE-PRESIDENT

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COUNCIL DELEGATE

IRVIN SHIRLEY  
GRAZING REPRESENTATIVE

## PERMISSION TO ENTER PREMISES:

Your request is being considered for service under Nazlini Chapter Home Appliance Application.

## PERMISSION TO ENTER PREMISES

I, as owner/authorized agent for the home located at, \_\_\_\_\_.

APPLICANT: \_\_\_\_\_ have read and understand the above and hereby grant permission for representative of Nazlini Chapter to enter this premises when I am present for the purpose of conducting an On Site Needs Assessment.

NAME: \_\_\_\_\_  
(Client)

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

NAME: \_\_\_\_\_  
(Chapter Representative)

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



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IRVIN SHIRLEY  
GRAZING REPRESENTATIVE

## ON SITE NEEDS ASSESSMENT:

**\*\*\*OFFICE USE ONLY\*\*\***

Applicant Name: \_\_\_\_\_

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

Type of Assistance Applied for:

\_\_\_\_ Refrigerator

\_\_\_\_ Electric Range

\_\_\_\_ Propane Range

\_\_\_\_ Firewood Heating Stove

\_\_\_\_ Wood Pellet Stove

Provide Information on Home Assessment:

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I, as Chapter Employee of the Nazlini Chapter, conducted a Home Needs Assessment and verified the information stated on this application is correct to the best of my knowledge.

\_\_\_\_\_  
Chapter Manager

\_\_\_\_\_  
Date



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JOSEPH DEDMAN  
CHAPTER VICE-PRESIDENT

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SECRETARY/TREASURER

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COUNCIL DELEGATE

IRVIN SHIRLEY  
GRAZING REPRESENTATIVE

## NAZLINI CHAPTER GOVERNMENT HOUSING APPLIANCE APPLICATION

APPLICANT'S NAME \_\_\_\_\_

C0-APPLICANTS NAME \_\_\_\_\_

### TYPE OF ASSISTANCE REQUESTED

- REFRIGERATOR
- ELECTRIC RANGE
- PROPANE RANGE
- FIREWOOD HEATING STOVE
- WOOD PELLET STOVE

ASSESSED BY \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_

Applicant is awarded

Applicant is Denied Due to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_