



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: _____

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: **Tolikan (Sweetwater) Chapter**

Date prepared: **07/17/2023**

Chapter's mailing address: **P.O. Box 105
Teec Nos Pos, Arizona 86514**

phone & email: **928-429-0977 sweetwater@navajochapters.org**
website (if any):

This Form prepared by: **Tovina Yazzie
Chapter Manager**
CONTACT PERSON'S name and title

phone/email: **Sweetwater@navajochapters.org
928-429-0977**
CONTACT PERSON'S info

Title and type of Project: **Mobile Home for community members.**

Chapter President:	Sarah Lee	phone & email: 928-429-0977 sarahlee@naataanli.org
Chapter Vice-President:	Arnold Slowman	phone & email: 928-429-0977 aslowman@naataanli.org
Chapter Secretary:	Rosalinda Nelson	phone & email: 928-429-0977 rnelson@navajochapters.org
Chapter Treasurer:	Rosalinda Nelson	phone & email: 928-429-0977 rnelson@navajochapters.org
Chapter Manager or CSC:	Tovina Yazzie	phone & email: 928-429-0977 Toyazzie@nnchapters.org
DCD/Chapter ASO:	Calvin Tsosie	phone & email: 928-429-0977 cetsosie@nndcd.org

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

document attached

Amount of FRF requested: **\$737,118.45** FRF funding period: **01/01/23 -12/30/2026**
indicate 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:

The Tolikan Chapter will be using the funds to purchase mobile homes (1-2 bedroom w/1bth, 5-2 bedrooms/2bth and 2-3 bedrooms w/2bth=8 homes) for community members who are homeless or have homes that are dilapidated. The Chapter has identified families within the Tolikan Chapter servies area that will receive these homes. Purchase of manufactured homes will assist families that are still impacted by teh COVID-19 pandemic such as lost of empolyment, lost of home and life, by providing a safe, healthy, reliable home to shelter in place. Timeframe: 01/01/23-12/30/26.

document attached

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

Purchase of manufactured homes will assist families that are still impacted by the COVID-19 pandemic such as lost of empolyment, lost of home and life, by providing a safe, healthy, reliable home to shelter in place.

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:

APPENDIX A

The clients need to have all their (Homesite leases and surveys) for this project, which may caused a delay. Tolikan Chapter Administration and clients will work together to complete this project. the housing projects will be completed by 01/01/23-12/30/26.

document attached

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

The Tolikan (Sweetwater) Chapter with technical assistance from Administrative Service Center and clients, surveyors and constructors will work together for the implementation of the housing 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.

After the project is Complete, the home owners will be responsible for operation and maintence of their home. This is a ONE-TIME assistance.

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:

2.14 Assistance to Household. To provide housing to two homeless families who most likely are under another families homes which creates crowding and is more susceptible to covid-19 virus.

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's Preparer: Tovina Yazzie
Signature of Preparer (MUST BE PERSON)

Tovina Yazzie

Approved by:

Sarah Lee
Signature of Chapter President (or Vice-President)

Sarah Lee, President

Approved by: Tovina Yazzie
Signature of Chapter Manager of CSC

Tovina Yazzie

Approved by:

Calvin Teesie
Signature of Chapter ASO

Calvin Teesie, Navajo ASO

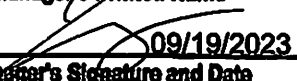

Approved to submit for Review:

Calvin Castillo
Signature of DCO Director

Calvin Castillo, Executive Director

FY2023

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. Business Unit No.: <u>NEW</u>				Program Title: <u>Tolikan (Sweetwater) Chapter-MOBILE HOME</u>				Division/Branch: <u>DCD/Executive</u>			
Prepared By: <u>Tovina Yazzie</u>				Phone No.: <u>(928) 429-0977</u>				Email Address: <u>sweetwater@navajochapters.org</u>			
PART II. FUNDING SOURCE(S)	Fiscal Year /Term	Amount	% of Total	PART III. BUDGET SUMMARY							
ARPA Funding	01/01/23-12/30/26	737,118.45	100%		Fund Type Code	(A) NNC Approved Original Budget	(B) Proposed Budget	(C) Difference (Column B - A)			
				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	\$ 737,118.45	\$ 737,118.45			
				7000	Special Transactions						
				8000	Public Assistance						
				8000	Capital Outlay						
				9500	Matching Funds						
				9500	Indirect Cost						
				TOTAL			\$ 737,118.45	\$ 737,118.45	\$ 737,118.45		
TOTAL:				737,118.45	100%	PART IV. POSITIONS AND VEHICLES					
						(D)	(E)				
				Total # of Positions Budgeted:		0	0				
				Total # of Permanently Assigned Vehicles:		0	0				
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.											
<u>Jaron Charley, Program Manager II</u> SUBMITTED BY: Program Manager's Printed Name						Calvin Castillo, Executive Director APPROVED BY: Division Director/Branch Chief's Printed Name					
 SUBMITTED BY: Program Manager's Signature and Date						 APPROVED BY: Division Director/Branch Chief's Signature and Date					

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Tolikan (Sweetwater) Chapter Mobile Home</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)
8000	The Tolikan Chapter will be using the funds to purchase mobile homes (2 bedrooms and 3 bedrooms) for community members who are homeless or have homes that are dilapidated. The Chapter has identified families within the Tolikan Chapter servies area that will receive these homes. Purchase of manufactured homes will assist families that are still impacted by teh COVID-19 pandemic such as lost of empolyment, lost of home and life, by providing a safe, healthy, reliable home to shelter in place.	\$ 737,118.45	\$ 737,118.45
TOTAL		\$ 737,118.45	\$ 737,118.45

QUALITY HOMES™

1028 West Main Street
Farmington, New Mexico 87401
(505) 327-9631



May 25, 2023

Attn: Sarah Lee Sweetwater Chapter President

Quote for 4 homes

Skyline N9 0861 16x64 2 bedroom 2 bath - \$ 84,900.00

Skyline N9 0861 16 X 64 2 bedroom 2 bath - \$ 95,100.00

Champion CS-1676R 16X76 4 bedroom 2 bath - \$98,900.00

Champion CS-1676C 16X76 3 bedroom 2 bath - \$95,391.00

The total cost with set up delivery, 2 sets of steps and skirting for all homes \$374,291.00. I checked with upper management and this pricing is discounted to the bottom line. They are all on our lot and ready for immediate delivery. If you can give me approximate addresses, I can get you homeowners insurance quote on all of the homes. I look forward to helping you get these families new homes. I am estimating insurance from \$850 -\$1050 for the year per home. If you should have any questions, feel free to contact me at 505-327-9631 or by email at Teri@favers-homes.com.

Respectfully,

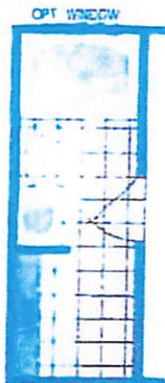
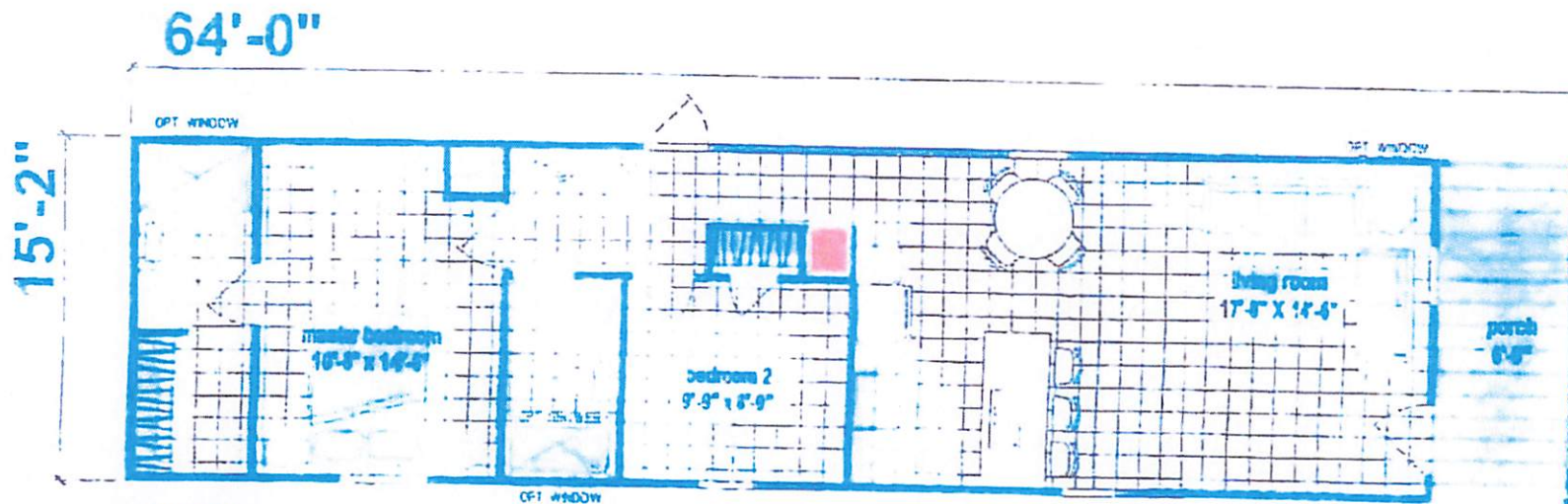
A handwritten signature in blue ink that reads 'Teri McCune'.

Teri McCune

Sales Representative

GALAXY
861

2 BED-2 BATH
971 SQ FT



**OPTION
GARDEN TUB
BATH**



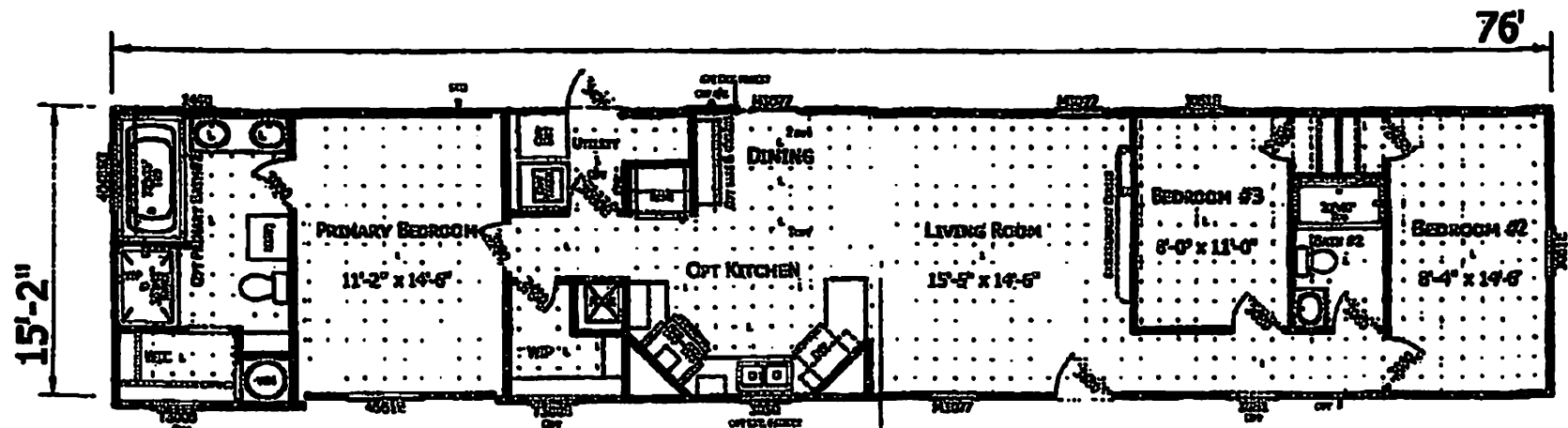
**OPTION
CLOSET**

Faver's Homes Inc. 1028 W Main Farmington, NM 87401

P-(505) 327-9631

F-(505)327-7054

www.favers-homes.com



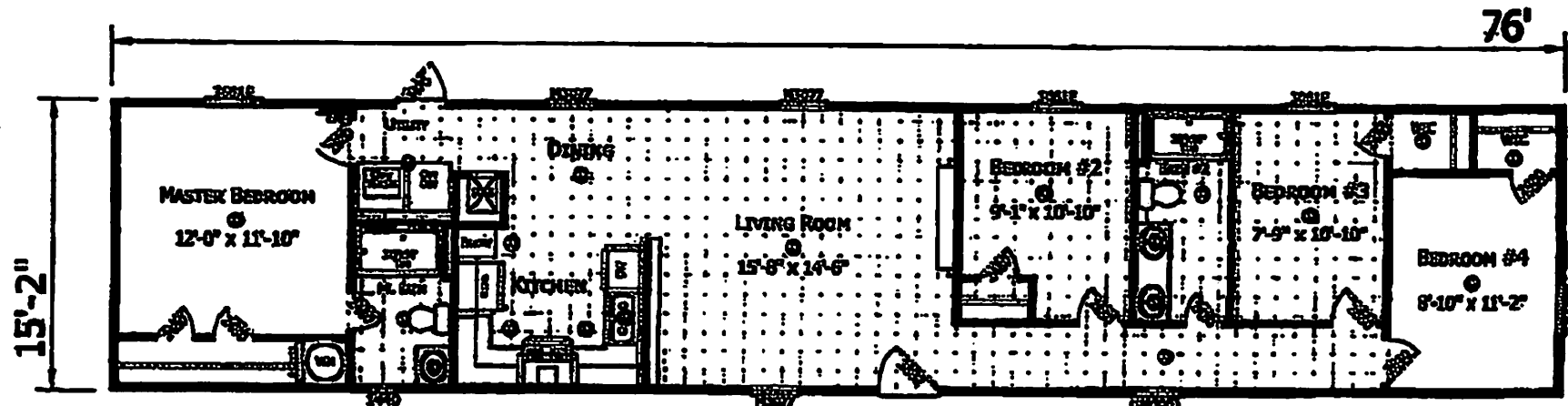
CS1676C-1676H32A6B
3 BEDROOM 2 BATH
76'-0" x 15'-2"
1153 SQ. FT. TOTAL

Faver's Homes Inc. 1028 W Main Farmington, NM 87401

P-(505) 327-9631

F-(505)327-7054

www.favers-homes.com



CS1676R-1676H42021
 4 Bedroom 2 Bath
 76'-0" x 15'-2"
 1153 Sq. Ft. TOTAL

Faver's Homes Inc. 1028 W Main Farmington, NM 87401

P-(505) 327-9631

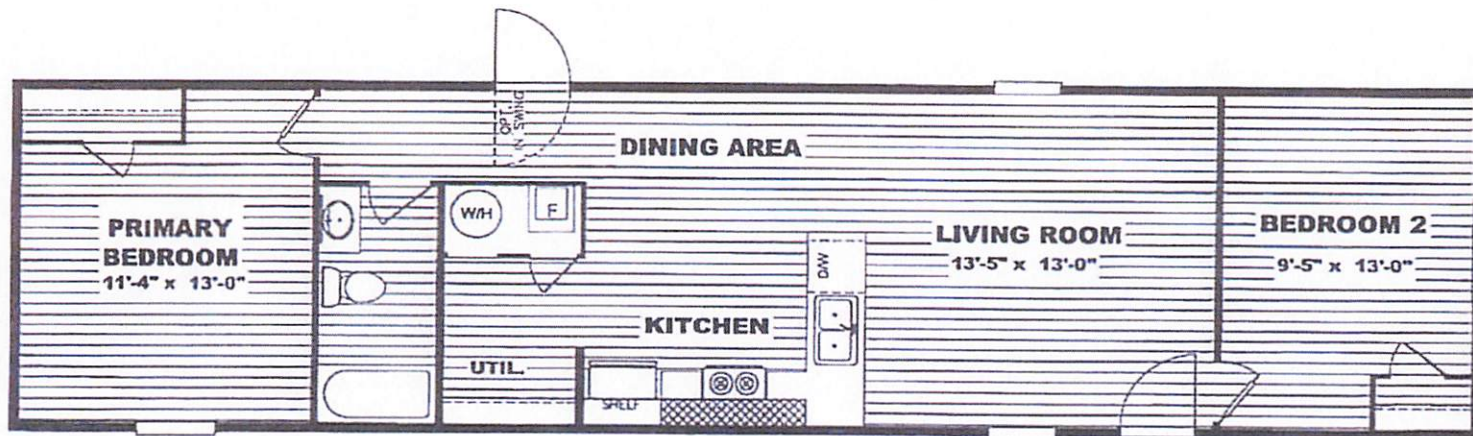
F-(505)327-7054

www.favers-homes.com



BLISS

TRS14562A // 14x56 // 765 sq ft // 2 beds // 1 bath



\$ 62,989.

OWN IT

OwnTRU.com

HOUSING IMPROVEMENT PROGRAM

Applicant Name: _____

Fiscal Year: 2024

(Official Use) Distribution

Chapter: _____

Date: _____

***All Household Members over 18 years of age is required to complete all forms attached**

HOUSING ASSISTANCE APPLICATION PACKET

All forms must be complete, sign, dated and all questions answered.

	Received	Missing
Housing Assistance Application (Form BIA 6407)		
Map - directions to your residence		
*Income Information Checklist		
*No Income Statement Form		
*Verification of Employment (Complete by employer if employed)		
*Individual Indian Money (IIM form) (Individual Form for applicant and household members)		
*Federal Income Tax Return for current year: 2022. If filed, copies of 1040 Tax Return		
Housing Assistance Verification (Must be completed by Navajo Housing Authority)		
*Authorization to Release of Information		

REQUIRED DOCUMENTS

Provide list of the required documents to complete application process.

Certificate of Indian Blood (CIB) -for all household members		
Social Security Cards - for all household members		
*Award Letters from Social Security, VA, Retirement, Unemployment, etc.		
Doctor Statement - If claiming disability		
Veteran Document (DD214) - If claiming Veteran		
Finalized Homesite Lease - In Applicant's Name		
HPD Cultural Resource Compliance and/or Archaeological Inventory Report w/Map		
Optional: Biological Clearance (If one was obtain for Homesite Lease)		
Other: Guardianship and/or Adoption decree for niece/nephew or grandchildren, Etc.		
Email address: _____ Correspondence Purpose Only		

DUE BY: September 30, 2023

ADDRESS: Fort Defiance Agency Housing Improvement Program

Post Office Box 527 Fort Defiance, Arizona 86504

Phone No.: (928) 729-4017 Fax No.: (928) 729-4277

C. INCOME INFORMATION _____

14. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ _____

15. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income: \$ _____

16. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ _____

D. HOUSING INFORMATION _____

17.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). **DRAW MAP ON BACK OF THIS PAGE**
18.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
19.	If repair assistance is needed, do you own <input type="checkbox"/> or rent <input type="checkbox"/> this house?
	If renting, is the owner Indian? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, provide name of owner(s):
20.	Are you living in Overcrowded Conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes
21.	Is the condition of the home in a dilapidated state? <input type="checkbox"/> No <input type="checkbox"/> Yes

Date of this application: _____

HOUSING INFORMATION, continued.

22.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____.			
23.	Type of Sewer system: <input type="checkbox"/> City Sewer <input type="checkbox"/> Septic Tank <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Outhouse			
	Water Source: <input type="checkbox"/> City Water <input type="checkbox"/> Private Well <input type="checkbox"/> Community Water Tank Other (Please describe): _____			
24.	No. of Bedrooms _____.			
25.	House Size: _____ (Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]	
26.	Bathroom facilities in existing house:	Facility	Yes	No
		Flush toilet		
		Bathtub		
		Sink/lavatory		

E. LAND INFORMATION

27.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the owner(s): _____			
28.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee	<input type="checkbox"/> Native/Restricted
		<input type="checkbox"/> Individual trust land	<input type="checkbox"/> Tribal trust land	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted	<input type="checkbox"/> Other: _____
29.	If you do not own the land, do you have: _____ Leasehold interest? _____ Use permit? _____ Indefinite assignment or joint ownership? If so, please explain: _____			

F. GENERAL INFORMATION

		Yes	No
30.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received \$ _____; the year it was received: 19__ __; and the location of the house: _____		
31.	Do you own any other house not occupied by your family? If yes, state where the house is located: _____ and who occupies it: _____.		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	Are you seeking Down Payment Assistance?		
	If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
35.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? If yes, provide date of application: _____		
	• Other? From who: _____ If yes, provide date of application: _____		
36.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
	If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: _____

G. APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: _____

Date: _____

Spouse's Signature (if appropriate) _____

Date: _____

PRIVACY ACT STATEMENT

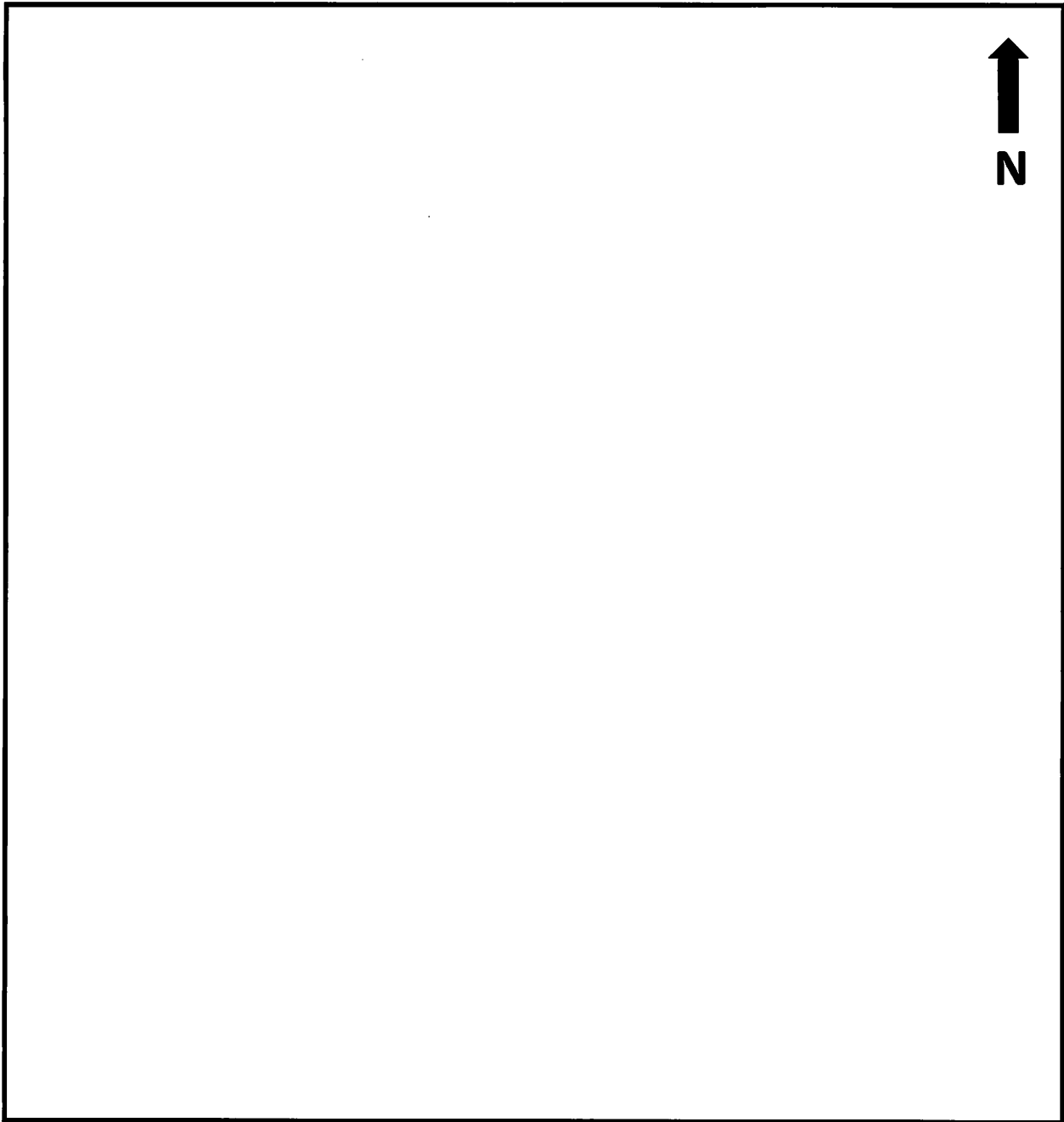
25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: _____

**Draw a map to the location of the housing unit to be renovated or built.
Indicate the name of the Chapter and the distance from the Chapter House.**



Detailed directions to your house.



THE NAVAJO NATION

BUU NYGREN, PRESIDENT
RICHELLE MONTOYA, VICE-PRESIDENT

AUTHORIZATION FOR RELEASE OF INFORMATION

Use for Housing Assistance Application Process Only

I, (We), _____, hereby authorize the Navajo Nation Housing Improvement Program, to obtain all necessary information for completion of my (our) application for housing assistance including information on my (our) interest in land, household income, and medical condition. I (We) understand and acknowledge this information will be used only in determining my (our) eligibility and extend of housing assistance through Housing Improvement Program Agency Offices or other housing project sources.

Applicant Signature

Date

Spouse's Signature

Date

Witness Signature (for thumbprint)

Date

AUTHORIZATION OF RELEASE
IIM/INDIVIDUAL INDIAN MONEY ACCOUNT
INFORMATION

I, _____, request that all information regarding my IIM/
INDIAN TRUST Account, be released to : HOUSING IMPROVEMENT PROGRAM, on my behalf.

I am authorizing this release to be in effect for a period of _____

(no longer than one year) from the date of my signature.

Account Holder Signature: _____

IIM Account Number / (Census No.): _____

Date: _____

WITNESS OF ACCOUNT HOLDER'S SIGNATURE:

(Please Note: The witness must be age 18 or older, and must sign immediately after the Account Holder signs the document. The dates must be identical.)

Witnessed by:

Signature of Witness

Print Name of Witness

Date

Name of Primary Applicant/Chapter: _____



INCOME INFORMATION CHECKLIST

This form is used for Housing Assistance Application Process Only

Name: _____

Chapter: _____

All household members over the age of 18 years old must complete and report income.

Check **YES** or **NO** in the box for every line listed below. Report all income and/or any type of assistance received and enter the monthly income amount. Provide any supporting documents.

INCOME (EARNED/UNEARNED) INFORMATION:	YES	NO	Monthly Income
Are you employed? (Working):			
Name of Employer:			
Regular <input type="checkbox"/> Part Tme <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/>			
Social Security Benefits (SSB)			
Supplemental Security Income (SSI)			
Retirement Pension			
Veteran Benefits			
Unemployment Benefits			
Annual Trust Income or Per Capita Payments			
TANF Program			
General/Cash Assistance			
Alimony Support			
Child Support			
Food Stamps NM <input type="checkbox"/> AZ <input type="checkbox"/>			
Self Employment: Written Statement of Estimated Amount			
Other Source of Income:			

NO INCOME, COMPLETE THE NO INCOME STATEMENT AND SIGN IN THE PRESENT OF A NOTARY PUBLIC

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief and they are made in good faith.

Signature

Date



NAVAJO HOUSING IMPROVEMENT PROGRAM/ CHID

PO Box 527 Fort Defiance, Arizona 86504

NO INCOME STATEMENT

This form is used for Housing Assistance Application Process Only

Name: _____

Chapter: _____

Household member over the age of 18 years old must complete this form.

Provide a statement on how you support yourself if you have no income.

YOU MUST SIGN THE FORM IN PRESENT OF THE NOTARY PUBLIC

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief and they are made in good faith.

Signature

Date

NOTARY

Personally appeared before me and signed the foregoing instrument and I acknowledged that he/she signed the name.

State of: _____

County of: _____

On this _____ day of _____

State of: _____

My Commission Expires: _____



NAVAJO HOUSING IMPROVEMENT PROGRAM/ CHID

PO Box 527 Fort Defiance, Arizona 86504

FEDERAL INCOME TAX INFORMATION

This form is used for Housing Assistance Application Process Only

Name: _____

Chapter: _____

Household member over the age of 18 years old must complete this form.

- 1 [] Check this box, if you filed a Federal Income Tax Return? If yes, provide copies of the current 1040 tax return and W-2's statements.
2 [] Check this box, if you did not file a Federal Income Tax Return. Explain below, why you did not file a Federal Tax return.
3 [] Check this box, if you work or self-employed but you did not file a Federal Income Tax Return? Explain below, why you didn't file? If yes, you must report your income.

This portion must be complete. Explain why you didn't file a Federal Income Tax Return.

Blank lines for explanation of why a Federal Income Tax Return was not filed.

YOU MUST SIGN THE FORM IN PRESENT OF THE NOTARY PUBLIC IF YOU CHECKED NUMBER 2 OR 3.

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief and they are made in good faith.

Signature

Date

NOTARY

Personally appeared before me and signed the foregoing instrument and I acknowledged that he/she signed the name.

State of: _____

County of: _____

On this _____ day of _____

NOTARY PUBLIC Signature
State of: _____

Printed Name of Notary Public

My Commission Expires: _____



THE NAVAJO NATION

BUU NYGREN, PRESIDENT
RICHELLE MONTOYA, VICE-PRESIDENT

VERIFICATION OF EMPLOYMENT

Name: _____ Date: _____

Mailing Address: _____

The Navajo Nation Housing Improvement Program (HIP) is requesting for employment and salary verification for the above individual. This form is used to complete the housing application process and to determining eligibility for housing assistance. The information obtained will be kept confidential. Your assistance and cooperation are appreciated. Thank you.

THIS SECTION MUST BE COMPLETED AND SIGN BY EMPLOYER

Applicant's Name: _____ Position Title: _____

Mailing Address: _____

Employment Date(s): From: _____ To: _____

____ Permanent ____ Temporary ____ Seasonal ____ Part-time

How often paid: ____ Weekly ____ Bi-Weekly ____ Bi-Monthly ____ Monthly

Hours per week: ____ Hourly Pay Rate: ____ Annual Gross Salary: _____

Print Name: _____ Signature: _____

Title: _____ Date: _____

Company Name: _____

Mailing Address: _____

Phone No: _____ Fax No: _____

HOUSING IMPROVEMENT PROGRAM

NAVAJO NATION COMMUNITY HOUSING & INFRASTRUCTURE DEPARTMENT

POST OFFICE BOX 527 · Fort Defiance, AZ 86504 · PHONE: (928) 729-4017 FAX: (928) 729-4277



THE NAVAJO NATION

BUU NYGREN, PRESIDENT
RICHELLE MONTOYA, VICE-PRESIDENT

HOUSING IMPROVEMENT PROGRAM (HIP) Housing Assistance Verification

Applicant's Name: _____ Census No: _____

Spouse's Name: _____ Census No: _____

Mailing Address: _____

The named individual(s) applied for the housing assistance with the Navajo Nation Housing Improvement Program (HIP). The program is requesting for assistance in completing the verification form to be used to determine the applicant's eligibility in accordance in HIP Federal Regulations. Any information is provided will be held in strict confidential and used only for completion of the housing assistance application process.

THIS FORM IS TO BE COMPLETED BY THE NAVAJO HOUSING AUTHORITY (NHA)

Has the above-named applicant(s) applied for the Navajo Housing Authority public rental, Mutual Help Housing and Homeownership programs?

_____ Yes, application on file. Date of Application: _____

_____ Yes, Applicant resides in NHA Housing (Type of Housing)

_____ Public Rental _____ Mutual Help Housing _____ Homeownership

_____ Homeownership Paid Off Date: _____

_____ Denied _____ Ineligible _____ Moved Out Date: _____

_____ Never applied with NHA.

Print Name: _____ Signature: _____

Title: _____ Date: _____

Address: _____ Telephone No.: _____

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