



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.

Becenti Chapter New Housing



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

Part 1. Identification of parties.

Non-Governance Certified Chapter requesting FRF: Becenti Chapter Date prepared: 2/1/2023

Chapter's mailing address: P.O. Box 708 phone/email: 505-786-2283/2284
Crownpoint, New Mexico 87313 website (if any): becenti@navajochapters.org

This Form prepared by: Charmayne Hosteen phone/email: 505-786-2283-2284
Becenti Chapter Community Service Coordinator chosteen@nnchapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Becenti Chapter New Housing

Chapter President: Jonathan Perry phone & email: 505-786-2283/jonjperry@yahoo.com

Chapter Vice-President: Marjorie Lantana phone & email: 505-786-2283/mlantana@naataanii.org

Chapter Secretary: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Treasurer: Arlene Arviso-Arthur phone & email: 505-786-2283/aarthur@navajochapters.org

Chapter Manager or CSC: Charmayne Hosteen phone & email: 505-786-2283/chosteen@nnchapters.org

DCD/Chapter ASO: Casey Begay phone & email: casey_begay@nndcd.org

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

Amount of FRF requested: 387,122.00 FRF funding period: 2/1/2023-12/31/2026
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:

Funds will be used to assist six (6) clients with manufactured homes with extreme need of shelter including their family member. The six (6) Clients homes are deteriorating inside/outside of home with homesite and residential lease documents. Poor housing conditions have been linked with worse health outcomes and infectious disease spread. Since the relationship with poor housing conditions with incidence and mortality of COVID-19. These households were identified as having any of the four problems: 1) high housing cost burden, 2) incomplete kitchen facilities, and 3) incomplete plumbing facilities.

document attached

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

The project will benefit of new housing for the Navajo community of Becenti. Identifying poor housing related environment risk factors including high cost burden, air and water quality and lack of access to adequate plumbing and sanitation, as factors contributing to the burden of infectious diseases including airborne respiratory illnesses.

document attached

(c) Provide 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:

The clients have been identified and have all documentation pertaining to homesite/residential lease for the project. The project end date will be December 31, 2026 with all funds will be before December 31, 2024.

document attached

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

Becenti Chapter Administration, Community Service Coordinator and Chapter Officials will be responsible for implementing the 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:

The homeowner will be responsible for operations and maintenance once construction is complete.

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:

2.15 Long-term Housing Security : Affordable Housing

To provide housing to reduce the negative effects of housing instability on health outcomes and health disparities.

document attached

Part 3. Additional documents.

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

- 1) Approved Chapter Resolutions BCOCT-22-250
- 2) Navajo Nation Budget Forms (1,2,4)
- 3) Appendix J Project Budget Schedule
- 4) Quotation for Sales Worksheet
- 5) Community Assessment Form

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: Charmayne Hoster
signature of Preparer/CONTACT PERSON

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

Approved by: Charmayne Hoster
signature of CSE

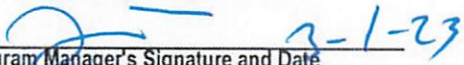
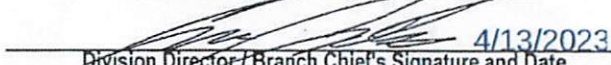
Approved by: Casey Boyay
signature of Chapter ASO

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.: <u>New</u>		Program Title: <u>Becenti Chapter New Housing</u>		Division/Branch: <u>Division of Community Development</u>				
Prepared By: <u>Charmayne Hosteen, CSC</u>		Phone No.: <u>505-786-2283/2284</u>		Email Address: <u>becenti@navajochapters.org</u>				
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	2/1/23 - 12/31/26	\$387,122.00	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				
				7000 Special Transactions				
				8000 Public Assistance	6		\$387,122.00	\$387,122.00
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				TOTAL		\$0.00	\$387,122.00	\$ 387,122.00
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:		0	0	
				Total # of Vehicles Budgeted:		0	0	
TOTAL:				\$387,122.00	100%			
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.								
SUBMITTED BY: <u>James Adakai, Deputy Director</u>			APPROVED BY: <u>Calvin Castillo, Executive Director</u>					
Program Manager's Printed Name			Division Director / Branch Chief's Printed Name					
						4/13/2023		
Program Manager's Signature and Date			Division Director / Branch Chief's Signature and Date					

THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA

PART I. PROGRAM INFORMATION:									
Business Unit No.: <u> </u> <u>New</u>			Program Name/Title: <u>Becenti Chapter New Housing</u>						
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM: <u>Becenti Chapter Resolution BCOCT-22-250</u>									
PART III. PROGRAM PERFORMANCE CRITERIA:									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: <u>Homes for needed families who have one family member in on household</u>									
Program Performance Measure/Objective: <u>To assist client with housing</u>				1		1		1	
2. Goal Statement: <u> </u>									
Program Performance Measure/Objective: <u> </u>									
3. Goal Statement: <u> </u>									
Program Performance Measure/Objective: <u> </u>									
4. Goal Statement: <u> </u>									
Program Performance Measure/Objective: <u> </u>									
5. Goal Statement: <u> </u>									
Program Performance Measure/Objective: <u> </u>									
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.									
<u>James Adakai, Deputy Director</u> Program Manager's Printed Name				<u>Calvin Castillo, Executive Director</u> Division Director/Branch Chief's Printed Name					
<u>[Signature]</u> <u>3-1-23</u> Program Manager's Signature and Date				<u>[Signature]</u> <u>4/13/2023</u> Division Director/Branch Chief's Signature and Date					

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>Becenti Chapter New Housing</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	Assistance Purchase new house/modular/mobile home for clients.	387,122	387,122
TOTAL		387,122	387,122

**THE NAVAJO NATION
PROJECT BUDGET SCHEDULE**

PART I. Business Unit No.: <u>New</u> Project Title: <u>Becenti Chapter New Housing</u> Project Description: <u>Purchasae essential building materials and supplies as needed for design and construct new home for Becenti community members.</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													PART II. Project Information Project Type: <u>New Housing</u> Planned Start Date: <u>2/1/2023</u> Planned End Date: <u>12/31/2026</u> Project Manager: <u>Chapter Staff</u>																		
PART III. List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	PART IV. 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 <u>2023</u>												FY <u>2024</u>												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	A	M	J	Jul	A	S	O	N	D	J	F	M	A	M	J	Jul	A	S	O	N	D	J	F	M	
Submit Appedix, budget forms, etc	X	X	X	X	X	X	X	X	X																						
Homes have been Identified Order/Delivery Building Materials										X	X	X	X	X	X	X	X														
Start delivery of new homes																		X	X	X	X	X	X	X	X	X	X				
PART V.	\$			\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL						
Expected Quarterly Expenditures										387,122.00												\$387,122.00									

FOR OMB USE ONLY: Resolution No: _____ FMIS Set Up Date: _____ Company No: _____ OMB Analyst: _____



The Navajo Nation Becenti Chapter
T'oo'di'tsin (Barren of the trees) . J'adi'hadi't'iih (Antelope lookout)



Jonathan Perry Marjorie Lantana Arlene A. Arthur Janice Padilla Danny Simpson Charmayne Hosteen VACANT
 PRESIDENT VICE-PRESIDENT SECRETARY/TREASURER LAND BOARD COUNCIL DELEGATE CHAPTER CSC CHAPTER AMS

P.O. Box 708, Crownpoint, NM 87313 Phone: (505) 786-2283 Fax: (505) 786-2285 Email: becenti@navajochapters.org Website: becenti.navajochapter.org

Becenti Chapter Resolution
 BCOCT-22-250

RESOLUTION APPROVING THE BECENTI CHAPTER NEW HOUSING PROJECT WITH CLIENT LIST, ATTACHED HERETO AS “EXHIBIT A”; AND ALLOCATE AMERICAN RESCUE PLAN ACT “ARPA” FUNDS IN THE AMOUNT OF \$387,122.00 FOR SAID PROJECT PURSUANT TO NAVAJO NATION COUNCIL RESOLUTION CJN-29-22.

WHEREAS:

1. Pursuant to Navajo Nation Council Resolution CJY-20-55, the Becenti Chapter is a certified chapter of the Navajo Nation Government and is vested with certain authorities to address and resolve local matters in the best interest of the community members, and coordinate with or refer appropriate subject matters to the Navajo Nation, McKinley County, State of New Mexico, and the US Federal Governments; and
2. Pursuant to Navajo Nation Council Resolution CAP-34-98 Local Governance Act “LGA”, allows chapter governments to make decisions over local matters, this authority in the long run, will improve community decision making, allow communities to excel and flourish, enable Navajo leaders to lead towards a prosperous future, and improve the strength and sovereignty of the Navajo Nation; and
3. Pursuant to the American Rescue Plan Act of 2021 “ARPA”, officially identified as Public Law No. 117-2, was signed into law on March 11, 2021 by United States President Joseph Biden, with the intent to provide additional relief to address the continued impacts of COVID-19 on economy, public health, state, local, and tribal governments, individuals, and businesses; and
4. Pursuant to Navajo Nation Council Resolution CJN-29-22 the Navajo Nation allocated \$1,070,298,867 of Navajo Nation Fiscal Recovery Funds; Approving the Navajo Nation Fiscal Recovery Fund Expenditure Plans Chapter Assistance; Public Safety Emergency Communications, E911, and Rural Addressing Projects; Cyber Security; Public Health Projects; Economic Development Projects; Hardship Assistance; Water and Wastewater Projects; Broadband Projects; Home Electricity Connection and Electricity Capacity Projects; Housing Projects and Manufactured Housing Facilities; Bathroom Addition Projects; Construction Contingency Funding; and Reduced Administrative Funding; and
5. The World Health Organization (WHO) declared a Public Health Emergency of International Concern related to the Coronavirus (COVID-19) on January 30, 2020, the United States Department of Health and Human Services declared a Public Health

Emergency related to the COVID-19 Pandemic on January 31, 2020, with an official global pandemic declaration from WHO on March 11, 2020; and

6. Pursuant to Resolution CEM-20-03-11, the Commission on Emergency Management in concurrence of the Office of President and Vice President of the Navajo Nation declared a Public Health State of Emergency on the Navajo Nation due to the COVID-19 Pandemic on March 11, 2020; and
7. Becenti Chapter conducted community assessments to compile a client list that reflects requirements as outlined in the Expenditure Plan for Non-Certified Chapters included in Navajo Nation Council Resolution CJN-29-22, after which, the attached Client List identified as "Exhibit A" is recognized and approved.

NOW, THEREFORE, LET IT BE RESOLVED THAT:


1. The Becenti Chapter New Housing Project is approved with the attached Client List attached hereto as "Exhibit A" to be submitted for review pursuant to Navajo Nation Council Resolution CJN-29-22.
2. Becenti Chapter affirms that the chapter will only use awarded funds in compliance with ARPA, the ARPA Regulations, and all other applicable Navajo Nation and federal laws and regulations.

CERTIFICATION


WE HEREBY CERTIFY, that this foregoing resolution was duly considered by the Becenti Chapter at a duly called chapter meeting at Becenti Chapter, at which a legal quorum was present and the same was passed by a vote of 9 in favor, 0 in opposition, and 0 abstaining on this 3rd day of November 2022.

Motion: Charmayne Hosteen

Second: Marjorie Lantana



Jonathan Perry,
Becenti Chapter President



Marjorie Lantana,
Becenti Chapter Vice-President



Arlene Arviso-Arthur
Becenti Chapter Secretary/Treasurer

Mark Freeland,
Navajo Nation Council Delegate



Welcome Home

SALES WORKSHEET

Customer Name: Navajo Nation Home Consultant Name: Patrick "Pat" Merrill
 Delivery Address: Becenti Chapter Area Date: 4/10/2023

Home Info

Model: DELIGHT Stock #: _____
 New Display
 Used Order

Trade Info

Make: _____ Model: _____
 Year: _____ Size: _____
 Pay off: _____ Paid by: Buyer Seller
 Condition: Good Fair Poor

Pricing

Home Price	\$ 313,290.00
Delivery Set Skirting Steps	\$ Included
Kitchen Appliances	\$ Included
Home Warranty	\$ Included
.....	\$
Total Package:	\$ 313,290.00
Earnest money deposit	\$

Responsibilities

Seller Responsibilities: Standard Delivery. Standard Set. Installed Vinyl Skirting. Steps for Front and Back Door. Kitchen Appliances.

Buyer Responsibilities: Prep clear and level land for placement of home. All trenching, utilities, hookup fees.

Options: TRU Delight. 14x60 2 bed 2 bath home. Home comes AS IS. No Changes can be made.
 ***This quote is for a total of 5 homes.

Acknowledgment

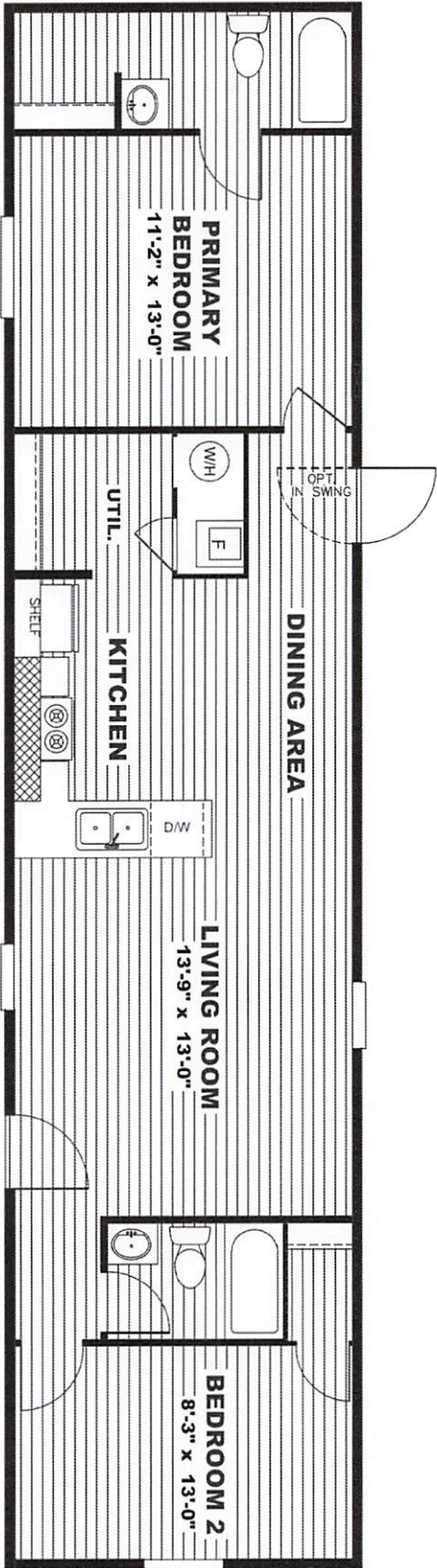
Buyer acknowledges and agrees that this Sales Worksheet presents a proposed sales package based on information reasonably available at this time. The terms of the proposal may be based on estimates and may change at any time based on Seller's or Buyer's preferences and additional information that becomes available concerning the potential sale. The terms of the agreed upon sales package, including additional information concerning the sale that may not be listed in this worksheet, will be documented in the final sales agreement and/or other sales-related documentation entered into by Seller and Buyer at the closing of the sale, and will be subject to the terms and conditions contained therein. New manufactured homes meet Federal Manufactured Home Standards. Buyer is responsible to verify home meets all local requirements including zoning and any applicable land covenants.

Buyer/Co-buyer: _____ Date: _____ Home Center: _____ Date: _____
 Sales Worksheet - October 10, 2019



DELIGHT

TRS14602A // 14X60 // 820 sq ft // 2 beds // 2 baths



OWN IT

The home series and floor plans presented will vary by retailer and state. Your local Home Center can advise you on specific prices and terms of purchase for specific homes. TRU reserves the right to change product and process improvement. All home series, floor plans, specifications, dimensions, materials, availability, and starting prices shown on this website are estimates and are subject to change without notice. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall.

OwnTRU.com



Welcome Home

SALES WORKSHEET

Customer Name: Navajo Nation Home Consultant Name: Patrick "Pat" Merrill
 Delivery Address: Becenti Chapter Area Date: 4/10/2023

Home Info

Model: Elation Stock #: _____
 New Display
 Used Order

Trade Info

Make: _____ Model: _____
 Year: _____ Size: _____
 Pay off: _____ Paid by: Buyer Seller
 Condition: Good Fair Poor

Pricing

Home Price	\$ 73,831.71
Delivery Set Skirting Steps	\$ Included
Kitchen Appliances	\$ Included
Home Warranty	\$ Included
.....	\$
Total Package:	\$ 73,831.71
Earnest money deposit	\$

Responsibilities

Seller Responsibilities: Standard Delivery. Standard Set. Installed Vinyl Skirting. Steps for Front and Back Door. Kitchen Appliances.

Buyer Responsibilities: Prep clear and level land for placement of home. All trenching, utilities, hookup fees.

Options: TRU Elation. 3 bed 2 bath home. Home comes AS IS. No Changes can be made.

Acknowledgment

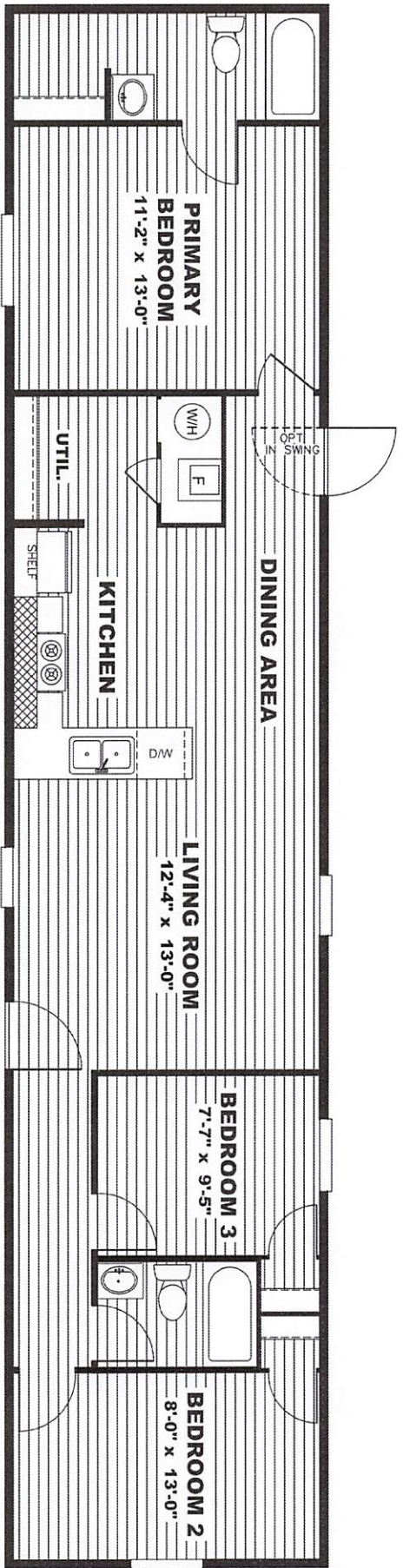
Buyer acknowledges and agrees that this Sales Worksheet presents a proposed sales package based on information reasonably available at this time. The terms of the proposal may be based on estimates and may change at any time based on Seller's or Buyer's preferences and additional information that becomes available concerning the potential sale. The terms of the agreed upon sales package, including additional information concerning the sale that may not be listed in this worksheet, will be documented in the final sales agreement and/or other sales-related documentation entered into by Seller and Buyer at the closing of the sale, and will be subject to the terms and conditions contained therein. New manufactured homes meet Federal Manufactured Home Standards. Buyer is responsible to verify home meets all local requirements including zoning and any applicable land covenants.

Buyer/Co-buyer: _____ Date: _____ Home Center: _____ Date: _____



Elation

TRS14663A // 14x66 // 902 sq ft // 3 beds // 2 baths



OWN IT

The home series and floor plans indicated will vary by dealer and state. Your local Home Center can quote you on specific prices and terms of purchase for specific homes. TRU reserves the right to change product and prices, improvement, all home series, floor plans, specifications, dimensions, features, materials, availability, and starting prices shown on this website are artist's renderings or estimates, and are subject to change without notice. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall.

OwnTRU.com



BECENTI CHAPTER ARPA Community Assessment Form

P.O. Box 708 Crownpoint, NM 87313 Phone: (505) 786-2283 | Fax: (505) 786-2285 Website: becenti.navajochapters.org Email: becenti@navajochapters.org

The World Health Organization ("WHO") declared a Public Health Emergency of International Concern related to the Coronavirus ("COVID-19"), a highly contagious and sometimes fatal respiratory virus, on January 30, 2020; the U.S. Department of Health and Human Services declared a Public Health Emergency related to the COVID-19 outbreak on January 31, 2020; and the WHO declared a global pandemic due to COVID-19 on March 11, 2020. Resolution number CJN-29-22.

CHECKLIST FOR COMPLETE ASSESSMENT

- _____ 1. Housing Assessment Application
- _____ 2. Chapter Resolution
- _____ 3. Homesite Lease/ Residential Lease
- _____ 4. Permission to Enter Premises
- _____ 5. Location to project site
- _____ 6. Land Status Map with Legal description
- _____ 7. Supporting Photos
- _____ 8. Supporting Document from Physicians, Social Worker, Community Health Representative, or other entity (if applicable)
- _____ 9. Bathroom Addition or Renovation
- _____ 10. Waste Water (Septic Tank Cleaning)
- _____ 11. DD-214 (for Veterans)
- _____ 12. Documentation of Clearances: Archaeological, Environmental Assessments and Land User Consent (ROW).
- _____ 13. States of House Wiring – Certification of Compliance by Contractor or Certified Electrician
- _____ 14. Information of condition of existing homes and floor plans

1. APPLICANT INFORMATION

Date: _____

Name: _____	Telephone Number: _____		
Census Number: _____	Work or Message: _____		
Date of Birth: _____			
Spouse's Name: _____	Census Number: _____		
Date of Birth: _____			
Mailing Address: _____			
P.O. Box	City	State	Zip Code
Enrolled at Becenti Chapter since: _____			
Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comment:			

Location of Primary Residence:			

2. OTHER HOUSEHOLD MEMBERS

Name of each household member	Age	Sex M/F	Relationship to Head of Household

3. HOUSING REQUIREMENTS

<u>Type of Residence</u>	<u>Housing Information</u>																																													
<input type="checkbox"/> Room Circle one: 1. Bedroom unit ONE or TWO people only 2. Bedroom unit TWO to FOUR people only 3. Bedroom unit THREE to SIX people only 4. Bedroom unit FOUR to EIGHT people only <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Unit <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Multiple Dwellings <input type="checkbox"/> Hogan <input type="checkbox"/> Other _____	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Electricity _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Solar _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Internet Service _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Indoor Plumbing _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Water Available _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wood/Coal Stove _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Propane/Pellet/Natural Gas/Electric Heating _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Furnace _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bathroom(s) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Outside Privy (Out-House) _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ADA Accessibility _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Septic Tank & Leach field _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Generator _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cistern System _____</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Electricity _____	<input type="checkbox"/>	<input type="checkbox"/>	Solar _____	<input type="checkbox"/>	<input type="checkbox"/>	Internet Service _____	<input type="checkbox"/>	<input type="checkbox"/>	Indoor Plumbing _____	<input type="checkbox"/>	<input type="checkbox"/>	Water Available _____	<input type="checkbox"/>	<input type="checkbox"/>	Wood/Coal Stove _____	<input type="checkbox"/>	<input type="checkbox"/>	Propane/Pellet/Natural Gas/Electric Heating _____	<input type="checkbox"/>	<input type="checkbox"/>	Furnace _____	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	Outside Privy (Out-House) _____	<input type="checkbox"/>	<input type="checkbox"/>	ADA Accessibility _____	<input type="checkbox"/>	<input type="checkbox"/>	Septic Tank & Leach field _____	<input type="checkbox"/>	<input type="checkbox"/>	Generator _____	<input type="checkbox"/>	<input type="checkbox"/>	Cistern System _____
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Land Information

Home Site Lease? Yes No
 Residential Lease? Yes No
 Land Status: _____
 Comment: _____

4. ADDITIONAL QUESTIONS TO HOUSING REQUIREMENTS

Applicant has no Homesite/Residential Lease and has not started Homesite/ Residential Lease process.
 Comment: _____

Applicant has no Homesite/Residential Lease and has started Homesite/ Residential Lease process.
 Comment: _____

Applicant has Homesite/Residential Lease and has started construction.
 Comment: _____

Applicant has Homesite/Residential Lease and has not started construction.
 Comment: _____

Does the applicant want to be part of a Solar Project? Yes No
 Comment: _____

5. HOMEOWNER CERTIFICATION

Homeowner must complete.

I/We _____ certify that I/we am/are the own(s) of the named property at _____ located within the Becenti Chapter jurisdiction.

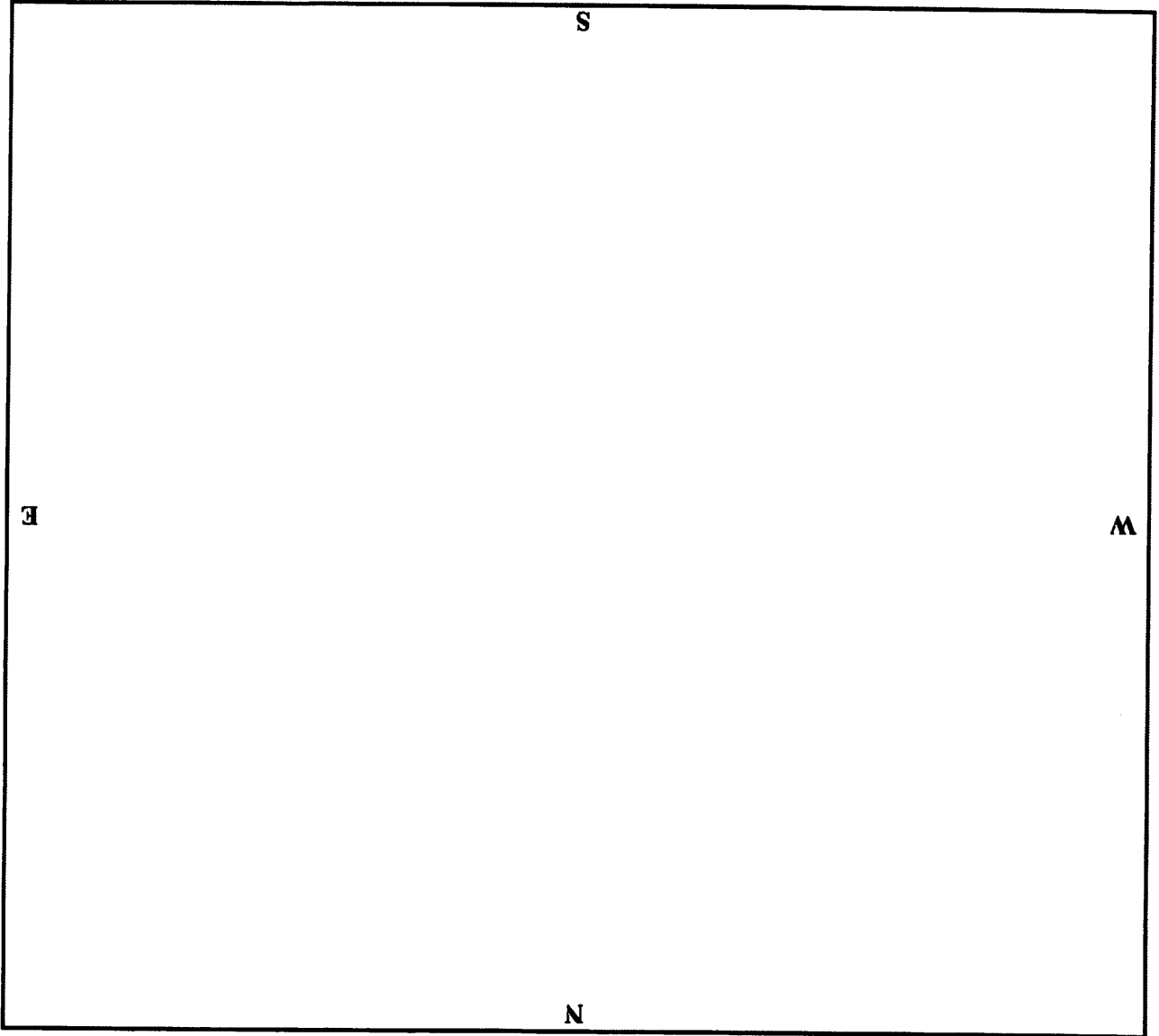
Land ownership can be verified through (check one):

- Home Site Lease
- Grazing Permit
- Land Use Permit
- Other _____

Permission to Enter Premises

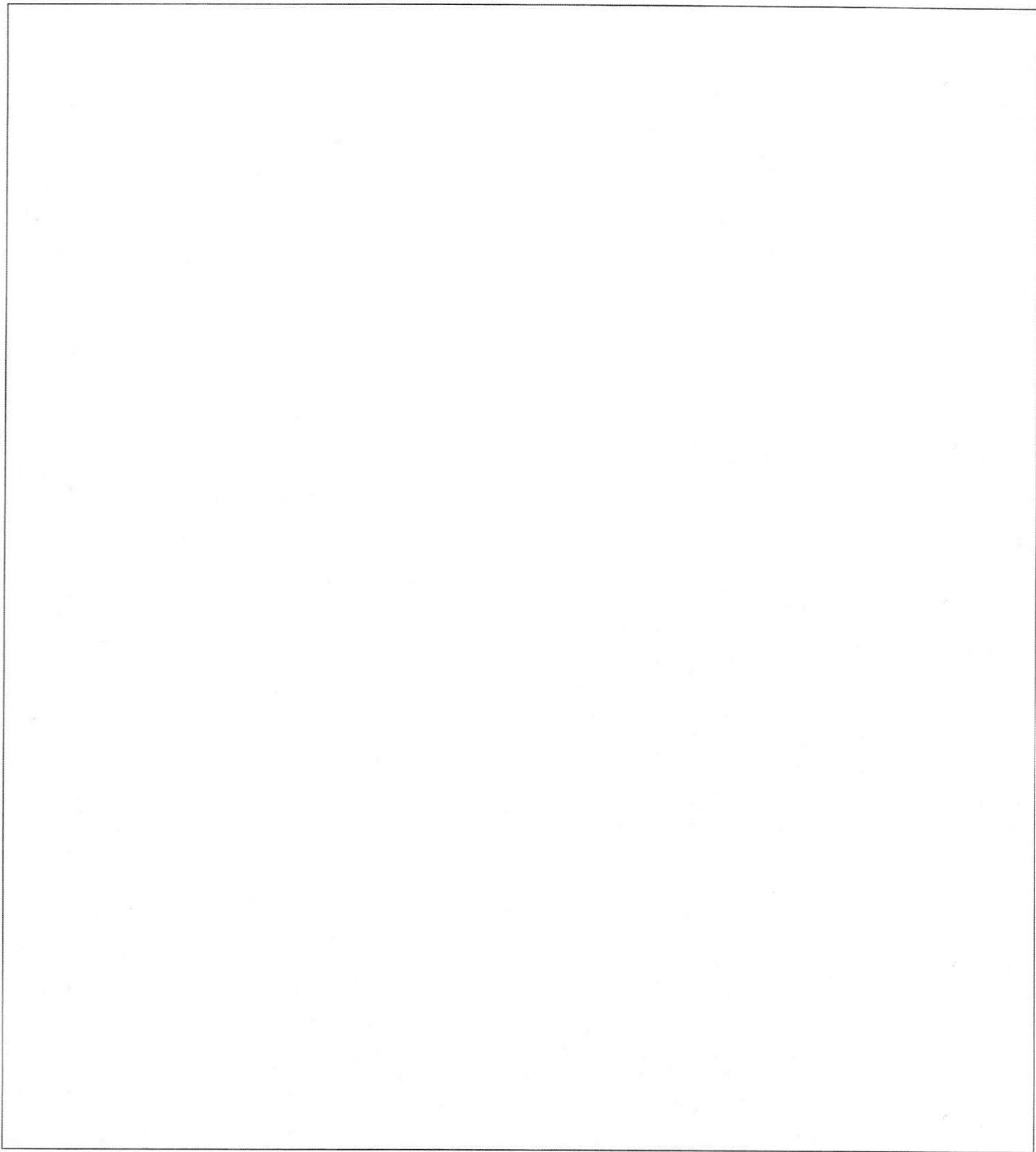
I, as owner/authorized agent for the building located at _____ have read and understand the above and hereby grant permission for representative of Becenti Chapter to enter the premises when I am present for the purpose of collecting eligibility documentation from the residents and conducting a work plan which may include an assessment for housing renovation.

Physical Address:



7. EXISTING HOMES and FLOOR PLANS

Please draw you existing home with floor plan.



8. BATHROOM ADDITION OR RENOVATION

Do you need a bathroom addition or renovation? Yes No

If so, please explain:

Bathroom Renovation Needed:

Sink(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Sink faucet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bidet faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower/Walk-In Shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shower screen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Bath faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Cabinets/fixtures/light	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Shelves/organization accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Towel rack(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Water Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Wastewater/Drain field replace	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____
ADA Rails	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Navajo Nation through Becenti Resolution CJN-29-22 to obtain all necessary information for completion of my application for housing assistance including information on my interest on land and household. I understand and acknowledge this information will be used in determining my eligibility and extent of the American Rescue Plan Act (ARPA) through Department of Community Development (DC) and Department of Justice (DOJ).

Signatures: _____

Applicant's Signature

Co-Applicant's Signature

Date