



NAVAJO NATION DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

ETHEL B. BRANCH
Attorney General

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

RFS/HK Review #: HK0396

Date & Time Received: 01/09/2023 at 13:56

Date & Time of Response: 18 January 2023; 3:14 pm

Entity Requesting FRF: Crownpoint Chapter

Title of Project: Chapter Renovations to Community Homes

Administrative Oversight: Division of Community Development

Amount of Funding Requested: \$100,000.00

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: 2.18 Housing Support:
Other Housing Assistance

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

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

Other Comments: _____

Name of DOJ Reviewer: Adjua Adjei-Danso

Signature of DOJ Reviewer: Adjua Adjei-Danso

Digitally signed by Adjua Adjei-Danso
Date: 2023.01.18 15:15:27 -07'00'

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 **NON-GOVERNANCE CERTIFIED CHAPTERS**

Part 1. Identification of parties.

Non-Governance Certified Chapter requesting FRF: Crownpoint Chapter Date prepared: 11/30/2022
Chapter's P.O. Box 336 phone/email: 5057862130/ crownpoint@navajochapters.org
mailing address: Crownpoint, NM 87313 website (if any): crownpoint.navajochapters.org
This Form prepared by: Aaron Edsitty phone/email: 2027862130
Crownpoint Chapter, Community Services Coordinator crownpoint@navajochapters.org
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Chapter Renovations to Community Homes

Chapter President: Rita Capitan phone & email: rcapitan@naataanii.org
Chapter Vice-President: Leonard Perry phone & email: philohis@yahoo.com
Chapter Secretary: Helen Murphy phone & email: ahsbulldogs68@yahoo.com
Chapter Treasurer: Helen Murphy phone & email: ahsbulldogs68@yahoo.com
Chapter Manager or CSC: Aaron Edsitty phone & email: crownpoint@navajochapters.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): n/a document attached

Amount of FRF requested: 100,000 FRF funding period: 10/1/22 - 12/31/26
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:

Chapter Renovations to Community Homes, the funding purpose and plan is to assist chapter members that are in need for a minor home renovation at \$2000 per home. The minor renovation might be for and not limited to windows, doors, insulation material to keep the cold air out to prevent further COVID-19 infections to the most vulnerable individuals.

document attached

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

Home renovation projects will benefit the Navajo chapter members, the elderly, the high risk, single parents, etc.

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:

Once the funds are approved, the required building materials will be purchased for the home and installed as soon as possible before the end date of December 31, 2026

document attached

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

Crownpoint Chapter PEP, Community Services Coordinator, Accounts Maintenance Specialist, the Chapter Officials and the DCD Project Managers.

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:

Homeowners will be responsible for the maintenance and operation costs.

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:

Long-term Housing Security: Affordable Housing 2.15
Provision of Government Services 6.1

document attached

Part 3. Additional documents.

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

Resolution CPC 23-10-01
Housing Discretionary Policies and Procedures

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: 
signature of Preparer/CONTACT PERSON

Approved by:  12-01-22
signature of Chapter President (or Vice-President)

Approved by: 
signature of QSC

Approved by:  12/05/2022
signature of Chapter ASO

Approved to submit for Review: 
signature of DCD Director

FY 2023

THE NAVAJO NATION
PROGRAM BUDGET SUMMARY

Page ___ of ___
BUDGET FORM 1

PART I. Business Unit No.: <u>New</u>		Program Title: <u>CROWNPOINT Renovations to Community Homes</u>		Division/Branch: <u>DIVISION OF COMMUNITY DEVELOPMENT</u>				
Prepared By: <u>AARON EDSITTY, CSC</u>		Phone No.: <u>505-786-2130</u>		Email Address: <u>crownpoint@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
FRF ARPA	<u>10/2022-12/2026</u> <u>10/1/22-12/31/26</u>	100,000.00	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				
				7000 Special Transactions				
				8000 Public Assistance	1	<u>-100,000</u>	100,000	<u>100,000</u>
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
TOTAL						<u>-100,000.00</u>	100,000.00	<u>100,000-</u>
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:				
				Total # of Vehicles Budgeted:				
TOTAL:		\$100,000.00	100%					
PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.								
SUBMITTED BY: <u>Sonlatsa Jim-Martin, Department Manager II</u>				APPROVED BY: <u>Pearlyellana</u>				
Program Manager's Printed Name				Division Director / Branch Chief's Printed Name				
<u>Sonlatsa Jim</u> 12/05/2022				<u>Pearlyellana</u> 12.5.22				
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>New</u>			Program Name/Title: <u>CROWNPOINT Renovations to Community Homes</u>						
PART II. PLAN OF OPERATION/RESOLUTION NUMBER/PURPOSE OF PROGRAM:									
PART III. PROGRAM PERFORMANCE CRITERIA:									
		1st QTR		2nd QTR		3rd QTR		4th QTR	
		Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
1. Goal Statement: HVAC SYSTEMS PURCHASES									
Program Performance Measure/Objective: TO INSTALL HVAC SYSTEMS ON CHAPTER BUILDINGS		12		12		13		13	
2. Goal Statement:									
Program Performance Measure/Objective:									
3. Goal Statement:									
Program Performance Measure/Objective:									
4. Goal Statement:									
Program Performance Measure/Objective:									
5. Goal Statement:									
Program Performance Measure/Objective:									
PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED									
Sonlatsa Jim-Martin, Department Manager II				<i>[Signature]</i>					
Program Manager's Printed Name				Division Director/Branch Chief's Printed Name					
<i>[Signature]</i> 12/05/2022				<i>[Signature]</i> 12.5.20					
Program Manager's Signature and Date				Division Director/Branch Chief's Signature and Date					

FY _____

**THE NAVAJO NATION
DETAILED BUDGET AND JUSTIFICATION**

Page ___ of ___
BUDGET FORM 4

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>CROWNPOINT Renovations to Community Homes</u>		Business Unit No.: _____	
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)
	FRF FUND		
8000	Assistance		100,000
2.15 6.1	FRF- FISCAL RECOVERY FUND APPB 100,000	100,000	
TOTAL		100,000	100,000

CROWNPOINT CHAPTER HOUSING FUND
DISCRETIONARY FUNDS

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CROWNPOINT CHAPTER HOUSING DISCRETIONARY FUNDS
POLICIES AND PROCEDURES

I. AUTHORIZATION

- A. Pursuant to 26 N.N.C. Section 101 (A), the Crownpoint Chapter has formulated, implemented, and operates by the Five Management System to ensure accountability and has developed policies and procedures for the Chapter Housing Discretionary Funds.
- B. Pursuant to Crownpoint Chapter Resolution **CPC 15-11-003**, the amendments to the Crownpoint Chapter Housing Discretionary Funds Policies and Procedures are hereby effective as of the date of the resolution.

II. PURPOSE

- A. The purpose of these policies and procedures is to provide guidance to chapters in administering the Crownpoint Chapter Housing Discretionary Funds.
- B. The Crownpoint Chapter receives these funds to provide eligible Chapter membership who are registered voters of the Crownpoint Chapter with housing material and home site lease land clearance assistance.

III. APPLICABLE LAWS

- A. The Crownpoint Chapter shall comply with all applicable State, Federal, and Navajo Nation Laws.

IV. DEFINITIONS

- A. **Chapter Administration:** the employee of the chapter which includes, but is not limited to, the Chapter Manager/Community Services Coordinator and Office Assistant/Accounts Maintenance Specialist.
- B. **Chapter Manager:** a chapter employee who performs the duties prescribed in 26 N.N.C. §§ 1004 (B), 1004 (C), and 2003 (B), and includes those employees referred to as Community Service Coordinators.
- C. **Handicapped:** a person who is legally blind, legally deaf, physically disabled due to the loss of one or more limbs, chair or bed bound, unable to walk without crutches, walker and the use of a wheelchair, a mentally disabled adult who

requires a companion to aid in basic needs, or prevented from minor physical exertion such as housework due to severe health or respiratory problems.

- D. Houses: framed construction (conventional, prefab, modular, steel, etc.), block and brick construction, log construction, Hogan construction (log or framed), adobe construction (traditional Pueblo adobe, stabilized or semi-stabilized adobe, compressed adobe block, adobe as a filler material, rammed earth, etc.), solar energy construction (passive, active, and appropriate technology).

V. TYPES OF ASSISTANCE

- A. Category A, (Minor Repair) is for minor repairs and maintenance type work for occupied existing houses. It may include minor plumbing and/or electrical work.
- B. Category B, (Major Repair or Addition) is for major maintenance of occupied existing homes to bring the structures up to safe and livable conditions, and may include major plumbing, electrical work, roof repairs, plumbing repairs, exterior and interior repairs. Addition work is when a certified electrician inputs electrical wiring for electrical input such as electrical wiring, lights, meters, outlets, or new construction being added to an existing occupied homes like a bathroom addition or additional bedrooms added etc.
- C. Category C, (Partial Assistance) is for partially financed, self-help construction of new houses, electrical wiring and plumbing is allowed under this category.
- D. Category D, (New Construction) is for construction of new houses with electrical wiring and plumbing. The houses are constructed from ground up with footing, floor, walls, framing, roofing plumbing electrical, insulation, dry wall, etc.
- E. Land Clearance is archeological clearance survey and environmental assessment for one acre land when obtaining a home site lease and residential lease.

VI. POLICY

- A. All expenditures shall be reviewed by Housing Discretionary Committee and processed by Chapter Administration and shall NOT EXCEED \$1000.00 for housing materials and/or land clearances.
- B. The Chapter Administration shall not be responsible to compile documents for the applicants.
- C. The Chapter registered member shall only be assisted once every (2) YEARS with Housing Discretionary Funds Assistance.
- D. The Chapter Officials shall do an assessment(s) to determine the type of housing assistance.
- E. All expenditures shall be processed by the Chapter Administration and a budget prepared for each project or expenditures if necessary.

- F. All expenditures or purchases shall have three (3) price quotations. (No Exception).
- G. The Chapter Administration shall maintain accurate records and updated records of all expenditures and projects.
- H. The Chapter Administration, Chapter Officials will take Pre and Post pictures of the requested project.
- I. Any impolite behavior by applicants/clients (including household members) towards Chapter Officials, Employees and Project Workers will not be tolerated. Failure to correct behavior upon request may result in immediate denial of the application or the revocation of assistance award.
- J. Upon completion of the work or project, the Chapter Community Service Coordinator/Administration shall prepare a Performance Report (Form 2) briefly describing the accomplishments as they relate to the Scope of Work.
- K. Misused or abused of Housing Discretionary Assistance Funds materials will jeopardize future assistance and will not be eligible for assistance for the next 5 years starting the day of the misuse of materials discovery date.
- L. The Housing Discretionary Action Committee will be approved by Chapter Community Members at a Regular Chapter Meeting.
- M. The opening date for Housing Discretionary Application for housing materials will be November 1, each year and closing date will be February 28 each year.

VII. ELIGIBILITY

- A. The applicant must be enrolled member of the Chapter for six (6) months prior to applying.
- B. Meeting one or more of the five factors
 1. Family Size, or
 2. Overcrowded living conditions, or
 3. Unsanitary or unsafe living conditions, or
 4. Elderly, handicapped, or disabled, or
 5. Referral from other agencies.
- C. Income verification statement will not be used for eligibility. However, the Income Statement must be on file for FMS requirement.
- D. Recommend to attend the Chapter Meetings on a regular basis and NOT just when help is needed or recommendation from Housing Discretionary Action Committee.

E. Sections V, VI, VIII, IX, and XI shall apply for eligibility.

VIII. REQUIRED DOCUMENTS

- A. An accurately completed Chapter Housing Discretionary Funds Assistance Application.
- B. Home Assessment Form.
- C. Three (3) price quotations.
- D. Signed Permission to Enter Premises Form.
- E. Signed Release of Information Form
- F. A map of the property location
- G. Social Security Card.
- H. A Valid Photo State Identification Card.
- I. Voter Registration Card, OR Verify the NN Official Voter Registry listing
- J. Navajo Nation Census Number (Copy of Certificate of Indian Blood)
- K. A copy of Legal Home Site or Residential Lease or an ownership Agreement with the applicant's name.

IX. SELECTION PROCESS

- A. The five (5) Basic Factors are as such
 - a. Family size or
 - b. Overcrowded living conditions, or
 - c. Unsanitary or unsafe living conditions, or
 - d. Elderly, handicapped, or disabled, or
 - e. Referral from other agencies.
- B. Chapter Officials and Chapter Administration shall conduct final review for approval.

X MONITORING

- A. The Chapter Vice President or another delegated Chapter Official and Chapter Community Service Coordinator shall have the daily oversight responsibility for the Administration of all Chapter activities involving the Housing Discretionary Funds.

XI RECIPIENT'S RESPONSIBILITY

- a. Applicant's responsibility to do repairs within 30-40 days from receiving Housing Discretionary Funds Assistance.
- b. Applicant shall provide original financial documentations to the Chapter Administration.
- c. It is recommended the applicant is responsible for the installation of the materials received and should seek family members or others to do the work.
- d. Any material damages/stolen are the responsibility of the client.
- e. Failure to provide a complete application or to comply with rules set forth in this policy will result in no assistance.

B. AMENDMENTS

The Housing Discretionary Funds Policies and Procedures may be amended as deemed necessary by the Crownpoint Chapter.

Any amendments to the Crownpoint Chapter Housing Discretionary Funds Policies and Procedures may be recommended by any of the Chapter Officials, Chapter Administration or Community member in written format, and attach supportive and argumentative documentation to the Chapter Manager and Chapter Officials for assessment.

All proposed amendments shall be presented by the Chapter President, in consultation with Navajo Nation Department of Justice, at a regular Chapter Meeting for final approval with a simple majority vote of the Chapter Membership.

The foundations to add, delete, or revise any section(s) or provision(s) of the Crownpoint Chapter Housing Discretionary Funds Policies and Procedures Manual would be subject to the following condition(s);

- A) The Funding source has changed

- B) The amount of the funding has tremendously increased or decreased
- C) Procedures and requirements for submitting amendments;
 - 1. Any proposed amendments to the Crownpoint Chapter Housing Discretionary Funds Policies and Procedures Manual must be in writing with supportive documentations to the Chapter Manager.
 - 2. The proposed amendments must be drafted in a legislative format. The new language underline and old language stricken.
 - 3. The Chapter Service Coordinator, in consultation with the Navajo Nation Department of Justice, will review the proposed amendments to assure compliance with applicable Federal, State and Navajo Nation laws.
 - 4. If requirements 1, 2, and 3 above are met, the Chapter Manager will forward the proposed amendments to the Chapter Officials for review and discussion at a regular scheduled planning meeting.
 - 5. If the proposed amendment(s) are favorable by the Public input process, the Chapter Officials will forward the recommendations to the Chapter Membership for approval or disapproval at a regular scheduled Chapter Meeting with a simple majority vote.
 - 6. Upon approval, the Chapter Manager will make all recommended changes to the Public Employment Program Fund Policies and procedures with a supporting resolution.

Exhibit O-1/11

CROWNPOINT CHAPTER
HOUSING DISCRETIONARY ASSISTANCE

FY _____ What is the Project: _____

Application Check List

Name of Applicant:

Name of Forms	Client Check-off	Chapter Check-off
1. Housing Discretionary Application		
2. Income Verification		
3. Signed Understanding of Policies		
4. Signed Release of Information		
5. Signed Permission to enter premises		
6. Map to Property		
7.		
8. Copy of Check Stub (Including spouse)		
9. Copy of Valid ID (Including spouse)		
10. Evidence of Land Ownership (Homesite Lease or Residential Lease with applicants name)		
11. Copy of Social Security Card (Including spouse)		
12. Copy of Certification of Indian Blood (Including spouse)		
13. Copy of Voter Registration Card (Including spouse)		
14. Referrals (Doctor, CHR, Social Services, VA, etc.)		
15. Material Listing Sheet		
16. Three Vendor Quotes		
17. Other Supporting Documents:		

Additional Comment(s):

Documents Verified By: _____

Date Received: _____

**Crownpoint Chapter
Housing Discretionary Fund Assistance Program
INCOME VERIFICATION STATEMENT FORM**

All questions in this application must be answered.

Applicant's Name: _____ DATE: _____
 Social Security Number: _____

Crownpoint Chapter is requesting your assistance to verify income information for the named applicant who is applying for Housing Discretionary Assistance. To assist our Chapter and applicant, we are asking you to provide us with income information which will be kept confidential and be used only in determining assistance eligibility. Your cooperation and immediate return of the completed form to our office would be greatly appreciated. Applicant authorizes verification of income.

 Applicant Signature of Income Approval Date

INCOME INFORMATION

Type of income: Payroll Retirement Self-employment Social Security
 Disability Stipends Unemployment General Assistance
 Royalties Others: _____

Income Amount: \$ _____ Hourly Weekly Bi-Weekly Monthly Annually

Employer's Business Name: _____ Business Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Supervisor's Name: _____ Title: _____

Name of Individual Providing Information: _____ Title: _____

Signature: _____ Date: _____

ASSISTANCE PROVIDER INFORMATION

Organization Name: _____ Business Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Caseworker Name: _____ Title: _____

Amount \$ _____ Weekly Bi-Weekly Monthly Annually

Name of Individual Providing Information: _____ Title: _____

Signature: _____ Date: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S REPRESENTATIVE: _____ DATE: _____

MUST COMPLETE IF APPLICANT IS RENTING

If applicant is renting the following forms must be completed and submitted to the Crownpoint Chapter Office; Permission Form and Owner agreement below.

OWNER AGREEMENT

I / We, _____, agree that I/ We am/are the lease owner(s) of the property at _____ located within the Crownpoint Chapter jurisdiction.

Ownership is verified by: Lease Agreement Rental Agreement Other: _____

CHAPTER CERTIFICATION

I, as a Chapter Employee of Crownpoint Chapter and with vested authority of act on community matters have reviewed the information stated above, which is correct to the best of my knowledge and hereby certify this document accordingly on this _____ day of _____, 200 ____.

Chapter Staff Signature: _____ Date: _____
Name & Title

MUST COMPLETE IF APPLICANT IS HOMEOWNER

If applicant is renting the following forms must be completed and submitted to the Crownpoint Chapter Office; Permission Form and complete the Homeowner Certification below.

HOMEOWNER CERTIFICATION

I / We, _____, agree that I/ We am/are the owner(s) of the property at _____ located within the Crownpoint Chapter jurisdiction.

Land Ownership is verified by: Homesite Lease Residential Lease Other: _____

CHAPTER CERTIFICATION

I, as a Chapter Employee of Crownpoint Chapter and with vested authority of act on community matters have reviewed the information stated above, which is correct to the best of my knowledge and hereby certify this document accordingly on this _____ day of _____, 200 ____.

Chapter Staff Signature: _____ Date: _____
Name & Title

CROWNPOINT CHAPTER OFFICE USE ONLY

Income Guidelines for a household of _____ members is \$ _____.

On the basis of the above information, this household is **ELIGIBLE / NOT ELIGIBLE.**

Reason for ineligibility: _____

Intake Worker's Signature: _____ Date: _____

TYPE OF LABOR TO BE UTILIZED

- Public Employment Program (PEP): _____
- Client Self-Help: _____
- Church Group: _____
- Contractor: _____
- Other: _____

**Crownpoint Chapter
Housing Discretionary Fund Assistance Program**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Crownpoint Chapter to obtain and verify all necessary information for completion of my housing assistance application including but not limited to information on my land interest and household income. Further, I hereby release all persons and organizations from liability for providing legally-relevant information in connection with my housing application. I understand and acknowledge this information will be used in determining my eligibility and extent of Housing Assistance through the Crownpoint Chapter or other housing project sources.

SIGNATURE:

Applicant

Co-Applicant

Date

**Crownpoint Chapter
Housing Discretionary Fund Assistance Program**

PERMISSION TO ENTER PREMISES FORM

HOMEOWNER UNDERSTANDING

Your building is being considered for renovation under the Crownpoint Chapter Housing Assistance Program. This program is funded by the Navajo Nation, under Housing Discretionary Funds and administered by the Crownpoint Chapter.

PREMISES AUTHORIZATION

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

NAME: _____
Client

DATE: _____

NAME: _____
Chapter Manager

DATE: _____

Crownpoint Chapter

HOUSING DESCRETIONARY FUND

Understanding of the Chapter Housing Discretionary Fund
Policies & Procedures Form

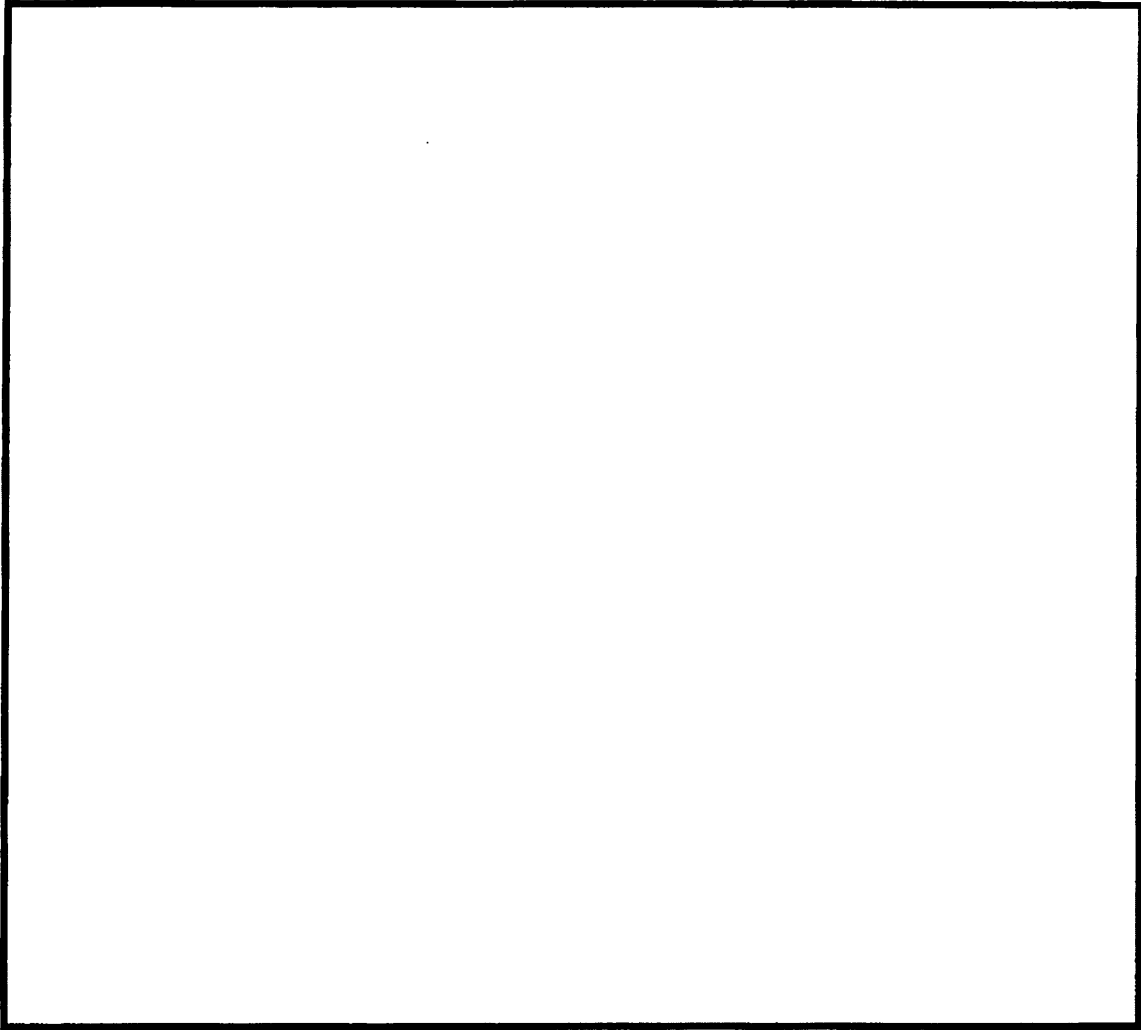
I, _____, have read and understood the Crownpoint Chapter Housing Discretionary Fund Policies & Procedures. I will abide by the Policies and Procedures of Crownpoint Chapter.

SIGNATURE:

Housing Discretionary Fund Recipient Date

**Crownpoint Chapter
Housing Discretionary Fund Assistance Program**

MAP TO PROPERTY



Comment(s): _____

What is the Project? _____

APPLICANT'S NAME: _____ DATE: _____

Crownpoint Navajo Chapter

P.O Box 336

Crownpoint, NM 87313

Phone: (505)786-2130 Fax: (505)786-2136

MATERIAL LISTING FOR

Name of Applicant: _____ **FY:** _____

#	QUANTITY	DESCRIPTION OF ITEMS
1		
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