



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

ETHEL B. BRANCH  
Attorney General

HEATHER CLAH  
Deputy Attorney General

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

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

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

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

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

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

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

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

**Eligibility Determination:**

- FRF eligible
- FRF ineligible
- Additional information requested

**FRF Eligibility Category:**

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

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

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

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

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

Signature of DOJ Reviewer: MRodis

**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 Bathroom Additions And Renovations**



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 Services Coordinator chosteen@nnchapters.org  
CONTACT PERSON'S name and title CONTACT PERSON'S info

Title and type of Project: Becenti Chapter Bathroom Addition and Renovation Project

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: 178,000 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:

Becenti Chapter Bathroom Addition and Renovation project consist of fifteen (15) homes. New bathroom addition and renovation to upgrade existing structure homes within Becenti Chapter community to accomodate high-risks, elderlies, single parents, etc. Which may include kitchen; renovation, expansion of completion of existing bathroom. Office of Enviornmental Health and Engerineering (OEHE) will assist with providing as-build drawings of plans for potential bathroom additions and kitchenette additions. Upgrade to American with Disability Act (ADA) to wheelchair bound person to manuver into bathroom with non-slip floor and walk-in shower. The Center Disease Control, practice of good hygiene is one method and considered as best denfense against COVID-19.  
 document attached

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

The project will benefit high-risks, elderlies, single parents, etc within Becenti Navajo community. They will have clean healthy living environment with much needed bathroom facility. The lack of running water and door plumbing is a deficiencies and many homes was affected by the global pandemic (COVID-19) socially, physically, economically, and mentally.  
 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 fifteen (15) 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 Services Coordinator and Chapter Officials will be responsible for implementing the project. The chapter will work with the contracted vendor(s) for purchase supplies for bathroom addition and renovations.

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:

3.12 - Housing Support: Other Housing Assistance

To ensure community member have indoor clean healthy bathrooms and bathrooms to prevent borne illness for COVID-19.

document attached

**Part 3. Additional documents.**

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

- 1) Chapter Resolution BCOCT-22-249
- 2) Navajo Nation Budget Forms (1,2,4)
- 3) Appendix J - Project Budget Schedule
- 4) 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 Hosteen  
signature of preparer/CONTACT PERSON

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

Approved by: Charmayne Hosteen  
signature of CSQ

Approved by: [Signature]  
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 Bathroom Addition and Renovation</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
FAF Fiscal Recovery Funds	2/1/23 - 12/31/26	\$178,000.00	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	6		\$178,000.00	\$178,000.00
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost				
				<b>TOTAL</b>		\$0.00	\$178,000.00	\$178,000.00
				PART IV. POSITIONS AND VEHICLES		(D)	(E)	
				Total # of Positions Budgeted:		0	0	
				Total # of Vehicles Budgeted:		0	0	
		<b>TOTAL:</b>	\$178,000.00	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					
								
3/1/2023			3/1/2023					
Program Manager's Signature and Date			Division Director / Branch Chief's Signature and Date					



FY 2023

**THE NAVAJO NATION  
DETAILED BUDGET AND JUSTIFICATION**

Page 3 of 3  
**BUDGET FORM 4**

<b>PART I. PROGRAM INFORMATION:</b>			
Program Name/Title: <u>                    Recent Chapter Bathroom Addition and Renovation                    </u>		Business Unit No.: <u>                    New                    </u>	
<b>PART II. DETAILED BUDGET:</b>			
(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 bathroom materials for community members @ \$5,000 per home. Project will be complete by temporary workers.	\$178,000.00	\$178,000.00
<b>TOTAL</b>		<b>\$178,000.00</b>	<b>\$178,000.00</b>



**THE NAVAJO NATION  
PROJECT BUDGET SCHEDULE**

<b>PART I. Business Unit No.:</b> <u>New</u> Project Title: <u>Becenti Chapter Bathroom Addition and Renovation Project</u> Project Description: <u>Purchase essential building materials and supplies as needed for design and construct bathroom addition and renovation 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															<b>PART II. Project Information</b> Project Type: <u>Bathroom Addition &amp; Renovation</u> Planned Start Date: <u>2/1/2023</u> Planned End Date: <u>12/31/2026</u> Project Manager: <u>Chapter Staff</u>																
<b>PART III.</b> List Project Task separately; such as Plan, Design, Construct, Equip or Furnish.	<b>PART IV. Use Fiscal Year (FY) Quarters to complete the information below. O = Oct.; N = Nov.; D = Dec., etc.</b>																				Expected Completion Date if project exceeds 8 FY Qtrs.										
	FY <u>2023</u>										FY <u>2024</u>																				
	1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			1st Qtr.			2nd Qtr.			3rd Qtr.			4th Qtr.			Date			10/30/2026			
	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 Appendix, budget forms, etc.	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X							
Hire Personnel (5)							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Home had been identified Order/Delivery Building Materials											X	X	X	X	X	X	X	X	X	X	X	X	X	X							
Start bathroom additions and renovations																		X	X	X	X	X	X	X							
<b>PART V.</b>	\$			\$			\$			\$			\$			\$			\$			PROJECT TOTAL									
Expected Quarterly Expenditures										\$178,000.00												\$178,000.00									

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



*The Navajo Nation Becenti Chapter*  
*To'o'di'tsin (Barren of the trees) Jidi'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](mailto:becenti@navajochapters.org)    Website: [becenti.navajochapter.org](http://becenti.navajochapter.org)

**Becenti Chapter Resolution**  
 BCOCT-22-249

RESOLUTION APPROVING THE BECENTI CHAPTER BATHROOM ADDITION AND RENOVATION PROJECT WITH CLIENT LIST, ATTACHED HERETO AS "EXHIBIT A"; AND ALLOCATE AMERICAN RESCUE PLAN ACT "ARPA" IN THE AMOUNT OF \$178,000.00 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:**

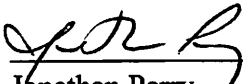
1. The Becenti Chapter Bathroom Addition and Renovation Project is approved with the attached Client List attached hereto as "Exhibit A" to be submitted for review pursuant to Navajo Nation Council Resolution CJN-29-22.
2. Becenti Chapter affirms that the chapter will only use awarded funds in compliance 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 18<sup>th</sup> 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



## 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](http://becenti.navajochapters.org) Email: [becenti@navajochapters.org](mailto: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





### 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 _____	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 _____

#### 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.

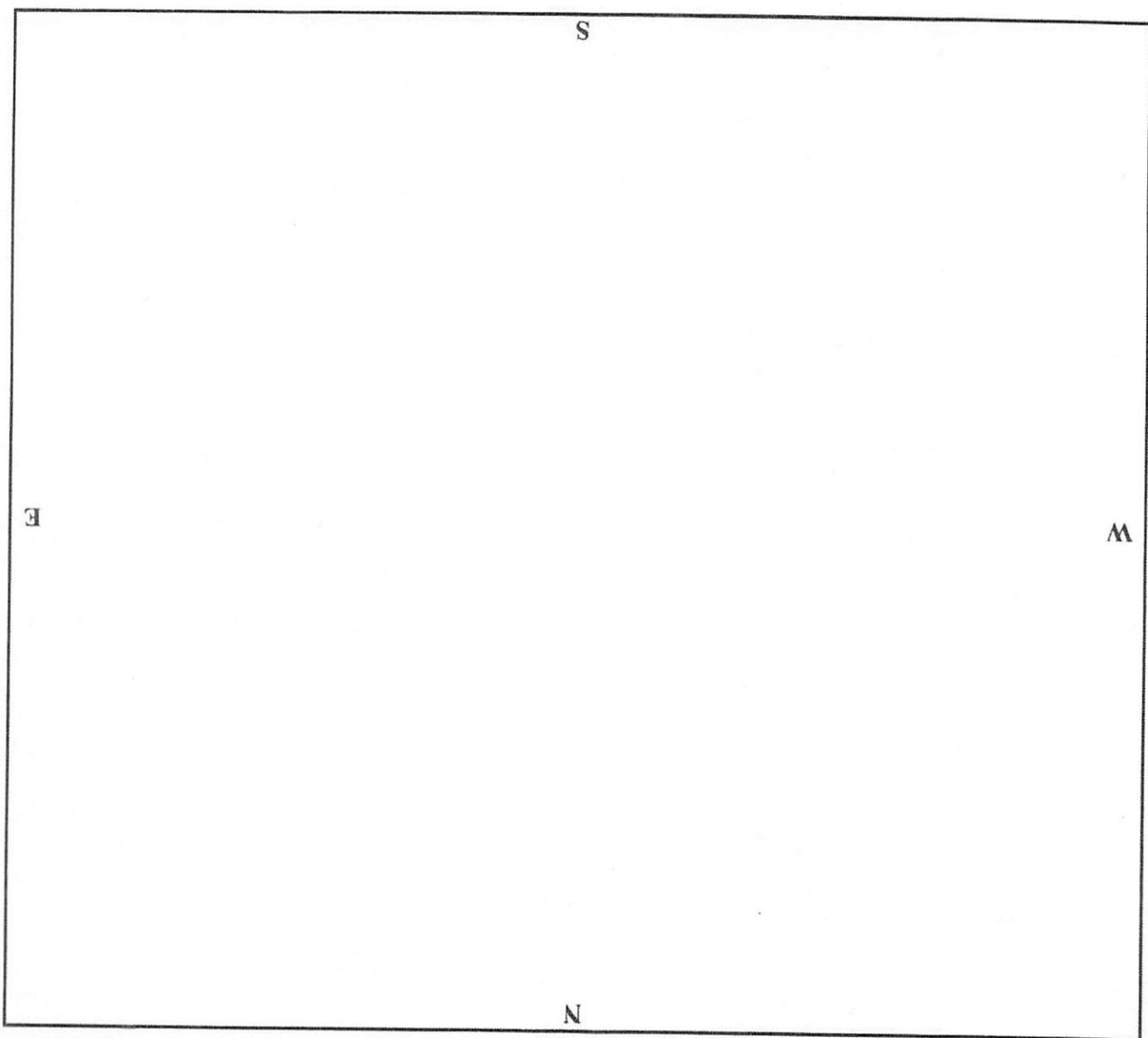
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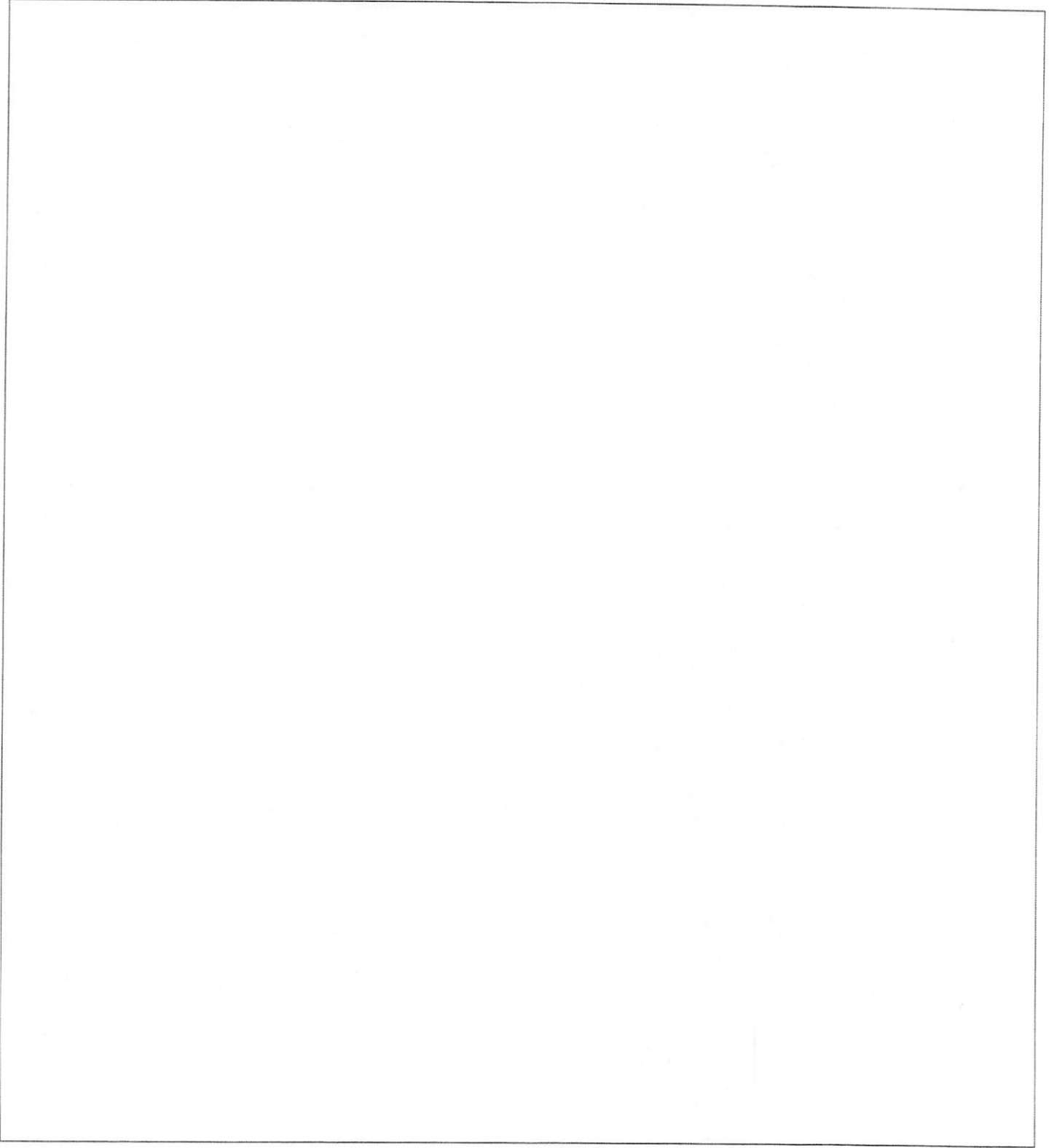
Physical Address:





**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:

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### ***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