



Rock Point Chapter
P.O. Box 190
Rock Point, Az 86545
Phone: (928) 659-4350/4351
Fax: 928-659-4356

Rock Point Chapter Housing Discretionary Assistance

1. Personal Information: Please Print Clearly!

 First Name Last Name MI Date of Birth

 Social Security No. Navajo Tribal Census No.

 Mailing Address City State Zip Code Physical Address from Chapter

 Contact No. (Will be calling for more information) Secondary Contact No.

 Marital Status Spouse's Name Chapter Affiliated (Registered at which Chapter)

Are there any Relatives that are employed at the Rock Point Chapter or Serve as elected officials?

Yes No

If Yes, Who? _____

Please List all Names of persons living in the household on a permanent Basis

1	_____	SS# _____	DOB _____
2	_____	SS# _____	DOB _____
3	_____	SS# _____	DOB _____
4	_____	SS# _____	DOB _____
5	_____	SS# _____	DOB _____

Income information of ALL persons over 16yrs of Age living in the household.

	Source of		
1	Income	_____	Monthly _____
2	Income	_____	Monthly _____
3	Income	_____	Monthly _____

Home/ Utility Information

Location of home to be repaired, constructed, including physical directions to the home.

Is Electricity Available? YES/ NO Name of Utility Company: _____
Water Available? YES/ NO Name of Utility Company: _____
Bathroom/ Shower Available? YES/ NO

Circle one.

Sewer System? City Sewer Septic System Outhouse
Water System? City Water Private Well Community Tank OTHER

Do you own the land that you wish to renovate or build? YES/ NO

If No, Please state owner's Name _____

The land is currently on

- | | |
|--|--|
| <input type="checkbox"/> Individual Trust | <input type="checkbox"/> Tribal Fee Simple |
| <input type="checkbox"/> Individual Restricted | <input type="checkbox"/> Fee Patented |
| <input type="checkbox"/> Tribal Restricted | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tribal Trust | |

Number of Bedrooms _____ Size of house in feet: _____

Does anyone in your household received the Housing Discretionary Funds before? YES/ NO

If yes, who, what year, & amount funded? _____

Do you own any other house? YES/ NO

If yes, where is the house located & occupied by who? _____

Does anyone in the household have a severe health problem, handicap, or permanently disabled? YES/ NO

if yes, who & when? _____

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION IS TRUE, AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Today's Date

Please draw a map to location of home to be renovated or built, use HWYs, mileposts, county roads/ BIA number

Authorization of Release of Information

I, _____ hereby authorize the Rock Point Chapter to verify the information given of my housing application, further, I hereby release all persons and organizations from liability for providing legally relevant information in connection with my housing application.

Signature of Applicant

Today's Date

Signature of Co-Applicant

Today Date