



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
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Social Security No.	Navajo Tribal Census No.
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Mailing Address	City	State	Zip Code	Physical Address from Chapter
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Contact No. (Will be calling for more information)	Secondary Contact No.
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Marital Status	Spouse's Name	Chapter Affiliated (Registered at which Chapter)
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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