

No. WRC-

Date: _____

Name: _____

Phone: _____

Address: _____

Complete: Yes ___ No ___

Received By: _____

WHITE ROCK LOCAL GOVERNMENT

REQUIRED DOCUMENTS FOR HOUSING DISCRETIONARY FUNDS FOR HOUSING ASSISTANCE

- _____ **HOUSING APPLICATION** – Entire application packet must be filled out, signed by Head of Household & Spouse or right thumb print.
- _____ **CATEGORY A** – Minor Home repairs and maintenance.
- _____ **CATEGORY B** – Self-help construction.
- _____ **EVIDENCE OF LAND/HOME OWNERSHIP** - Copy of Home Site/Residential lease, home title, official verification of home ownership.
- _____ **MAP OF RESIDENCE** – How to get to your resident from the White Rock Chapter house.
- _____ **PRICE QUOTATION** – From three vendors, listing needed building materials.
- _____ **REFERRALS** – If claiming disability, a written Doctor's statement.
- _____ **VOTER REGISTRATION** – Verifying you are registered with White Rock Chapter.
- _____ **COPY APPLICANT'S CERTIFICATE OF INDIAN BLOOD (CIB)** - Applicant ONLY.
- _____ **PURCHASE RECEIPTS** - Submit original purchase receipts from vendor

Administration Use Only

<p>Approved ___ By: _____</p> <p>Amount: \$ _____ Meeting Date: _____</p>	<p>Disapproved ___ Meeting Date: _____</p> <p>Indicate reason: _____</p>
<p>Check Number: _____ Date: _____</p> <p>Vendor Name: _____</p>	<p>Receipts returned? Yes ___ No ___</p> <p>By: _____</p>

**WHITE ROCK LOCAL GOVERNMENT
HOUSING DISCRETIONARY ASSISTANCE APPLICATION**

APPLICANT INFORMATION

Name		Phone	
Current Address			
Census No.	Date of Birth	Registered with White Rock Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed			

SPOUSE INFORMATION

Name		
Census No.	Date of Birth	Registered with White Rock Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION

Name	Date of Birth	Relationship	Census No.

HOUSING INFORMATION

Type of Home: House Hogan Trailer

Type of Construction: Frame Cinder Block Other

House Size: Square Feet Length Width

Year Built: Number of Bedrooms:

Provide brief description of repairs needed.

When was the last time you were assisted with Housing Discretionary Funding?

OWNERSHIP INFORMATION

Do you have a home site lease or residential lease? Yes No

GENERAL INFORMATION

Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or anyone in your household handicap or disable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Laborers: <input type="checkbox"/> Self <input type="checkbox"/> Family Members <input type="checkbox"/> PEP <input type="checkbox"/> Other

Comments:

I hereby acknowledge that: Information provided above is true and correct for the purpose of obtaining home improvement assistance through White Rock Local Government Housing Discretionary allocation fund. This information will be used to determine my eligibility. Any false or misleading statement will result in denial of eligibility determination.

Upon approval of Housing Discretionary funds, I agree to pick up the building materials within 30 days. Any unused funds will be reverted back to White Rock Local Government Housing Discretionary funds.

I am fully responsible in submitting all receipts and status report within 30 days upon receipt of check.

Applicant's Signature _____ Date _____

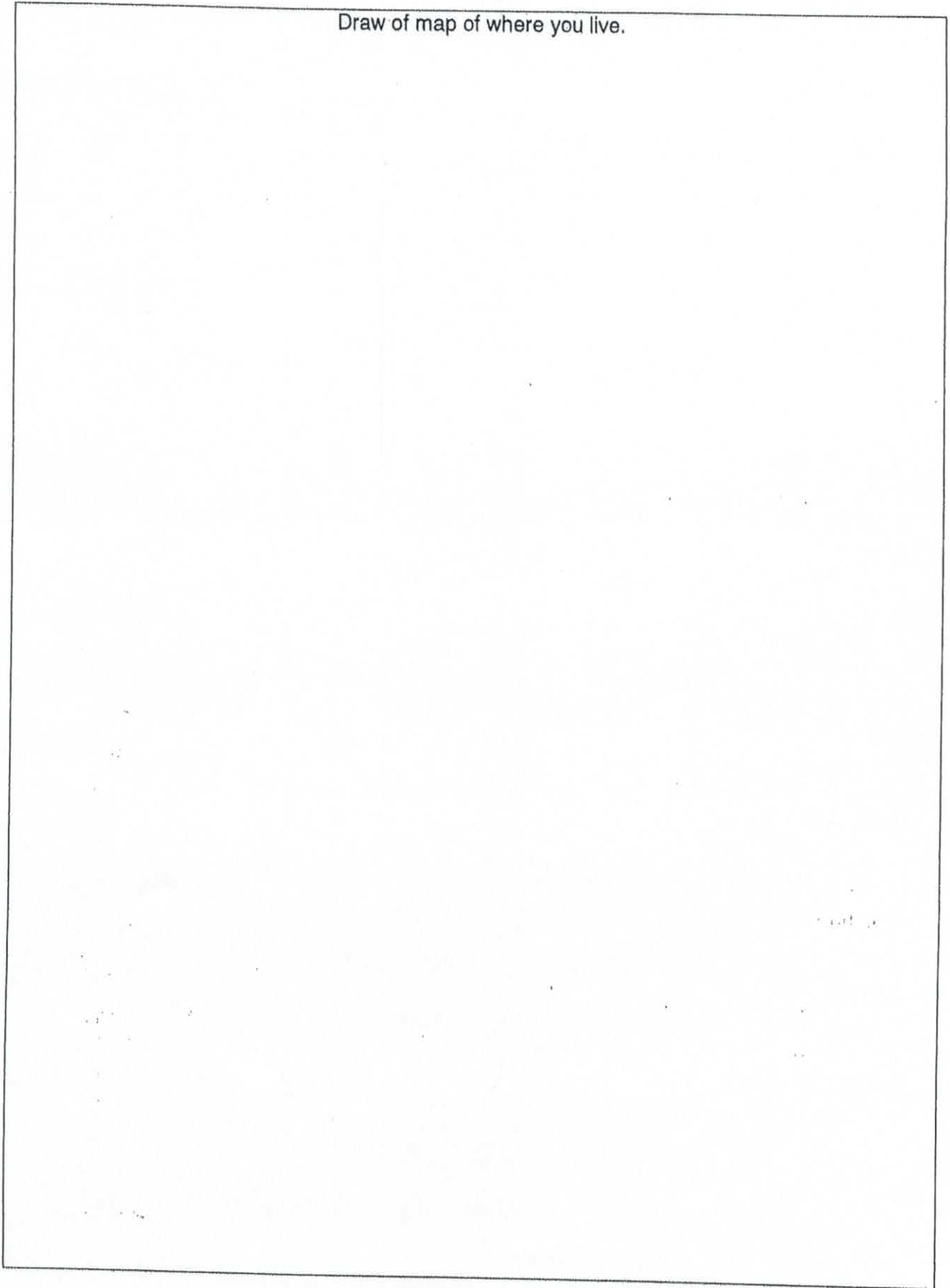
Spouse's Signature _____ Date _____

CHAPTER ADMINISTRATION USE ONLY
APPLICATION STATUS

Approved <input type="checkbox"/> Amount: \$ _____ Date approved: _____	Check Number: _____ Date: _____ Vendor Name: _____
Disapproved <input type="checkbox"/> Indicate reason: _____ _____ _____	Receipts returned? Yes ___ No ___ By: _____ Date: _____
If incomplete or if all materials not picked up, state why? _____ _____ _____	
Name/Title of person providing information:	Signature/Date:

MAP TO RESIDENCE

Draw of map of where you live.



WHITE ROCK LOCAL GOVERNMENT
AUTHORIZATION FOR RELEASE OF INFORMATION AND AUTHORIZING HOME SITE
EVALUATION

Name of Applicant: _____

Name of Spouse: _____

I authorize White Rock Local Government to do an on-site evaluation on my house and any available building materials. This includes the disclosure of dimensions and structural design information includes only that which is pertinent to the repairs and/or improvements agreed to. It is agreed by all parties that the gathering of such disclosure information is to be done by the homeowner, or if done by other parties' only while the homeowner is present.

Purpose of disclosure of individual home dimensions and structural details is to obtain aid to the homeowner for minor and major repair.

Information to be disclosed to (Person or Organization): _____

Building Materials available: _____

To aid in repairing, addition or other mention above, the graphics material used were:
____ Rough Drawing ____ Schematic ____ Photograph ____ Other

Sketch/Drawing by: _____ Date: _____

Photographer: _____ Date: _____

NOTE: Photos must be attached to application.