



White Rock Local Government  
 PO Box 660 Crownpoint, NM 87313  
 Ph: 505-786-2444 Fx: 505-786-2447  
 Email: whiterock@navajochapters.org

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Physical Address \_\_\_\_\_ Email \_\_\_\_\_

**HOUSING DISCRETIONARY REQUIRED DOCUMENTS**

- HOUSING APPLICATION** - Entire application packet must be filled out completely, signed or thumb print (with witness) by Head of household & Spouse
- CATEGORY A** - Minor Repairs (Repairs & Maintenance)
- CATEGORY B** - Partial Assistance (Self-help Construction)
- CATEGORY C** - Land Survey, Archaeological, Biological or Environmental Clearances
- EVIDENCE OF LAND/HOME OWNERSHIP** - Copy of Homesite/Residential lease or utility bill
- MAP TO RESIDENCE** - How to get to your residence from White Rock Local Government
- PRICE QUOTATION** - From three (3) Vendors, listing of needed building materials
- REFERRAL** - If claiming disability, a written Doctor's statement required
- VOTER REGISTRATION** - Verifying you are registered with White Rock Local Government
- CERTIFICATE OF INDIAN BLOOD (CIB)** - Applicant(s) need to provide a copy
- PHOTOS** - Before & after photos need to be submitted with application
- MEETING ATTENDANCE** - Must attend Planning and Regular Meetings
- PURCHASE RECEIPTS** - Submit original receipt within 10 days of purchase

**CHAPTER ADMINISTRATION USE ONLY**

APPLICATION COMPLETE: Yes \_\_\_ No \_\_\_ Date Stamp: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

PM Date: \_\_\_\_\_ Action Taken: \_\_\_\_\_

RM Date: \_\_\_\_\_ Motion: \_\_\_\_\_ Second: \_\_\_\_\_ Vote: \_\_\_\_\_

**APPROVED** By: \_\_\_\_\_ Vendor: \_\_\_\_\_  
 Check Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check Pickup Date: \_\_\_\_\_  
 Receipt Return Date: \_\_\_\_\_ By: \_\_\_\_\_

**DISAPPROVED** By: \_\_\_\_\_ Reason: \_\_\_\_\_



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### HOUSING DISCRETIONARY ASSISTANCE APPLICATION

#### APPLICANT INFORMATION

DATE:

NAME:		PHONE:	EMAIL:		
DATE OF BIRTH:	CENSUS #:	SOCIAL SECURITY #:	REGISTERED W/CHAPTER:	VETERAN:	
			Y / N	Y / N	
MAILING ADDRESS:			PHYSICAL ADDRESS:		

#### SPOUSE INFORMATION

NAME:		PHONE:	EMAIL:		
DATE OF BIRTH:	CENSUS #:	SOCIAL SECURITY #:	REGISTERED W/CHAPTER:	VETERAN:	
			Y / N	Y / N	

#### FAMILY INFORMATION

NAME	RELATIONSHIP	DATE OF BIRTH	CENSUS NO.:
	Self		

#### GENERAL INFORMATION

DISABLE FAMILY MEMBERS?	LIST:	ASSISTED BEFORE?	WHEN:
		Y / N	
HOME SITE OR RESIDENTIAL LEASE?	NAMES ON THE LEASE:		
HOME SITE CLEARANCES			
<input type="checkbox"/> LAND SURVEY <input type="checkbox"/> ARCHAEOLOGICAL <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> ENVIRONMENTAL			
LABORERS FOR PROJECT?			
<input type="checkbox"/> SELF <input type="checkbox"/> FAMILY MEMBERS <input type="checkbox"/> PEP <input type="checkbox"/> OTHER:			

#### HOUSING INFORMATION

TYPE OF HOME:				
<input type="checkbox"/> HOUSE <input type="checkbox"/> HOGAN <input type="checkbox"/> TRAILER <input type="checkbox"/> MINI HOME <input type="checkbox"/> OTHER:				
TYPE OF CONSTRUCTION:				
<input type="checkbox"/> WOOD FRAME <input type="checkbox"/> CINDER BLOCK <input type="checkbox"/> STONE <input type="checkbox"/> OTHER:				
HOUSE SIZE:	NUMBER OF ROOMS:		YEAR BUILT:	
PLUMBING IN HOME?	WATER?	ELECTRIC?	HEATING:	COOLING:

## HOUSING INFORMATION CON'T

BRIEFLY DESCRIBE REPAIRS NEEDED:

MATERIALS NEEDED:

## ACKNOWLEDGEMENT

I hereby acknowledge that the information provided above is true and correct for the purpose of obtaining housing discretionary assistance through White Rock Local Government's allocated fund. This information will be used to determine my eligibility, any false or misleading information will result in denial of eligibility determination. Upon approval of housing discretionary funds, I agree to pick up the materials or have survey/clearance work done within 30 days. Any unused funds will be reverted back into White Rock Local Government's housing discretionary funds. I am fully responsible in submitting all receipts, photos, and status report within 30 days of issuance of check.

## AUTHORIZATION

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

INFORMATION DISCLOSED TO (PERSON/ORGANIZATION):

MATERIALS IF AVAILABLE:

GRAPHIC MATERIAL USED (PLEASE ATTACH TO APPLICATION):

Rough Drawing  Schematic  Photograph  Other:

GRAPHIC WORK DONE BY:

DATE:

PLEASE SIGN AND DATE

APPLICANT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

# MAP TO RESIDENCE

Draw a map to your home from chapter house.

