Checklist of Required Documents

1. Housing Application
2. Income Verification Statement
3. Evidence of Land Ownership (Agreement)
4. Authorization for Release of Information
5. Map to Property
6. Letter of Certification Showing Ineligibility for other Federally Assisted Housing Programs
7. COPY of Social Security Card for Each Household Member
8. COPY of Applicant's Certificate Degree of Indian Blood
9. Referrals from Physician, Social Worker, Community Health Representative, or other Entity (If Applicable).
10. List of Materials Price (QUOTE)
AUTHORIZATION FOR RELEASE OF INFORMATION

I, ____________________________ HEREBY AUTHORIZE THE TOLANI LAKE CHAPTER
HOUSING COMMITTEE TO VERIFY THE INFORMATION GIVEN IN 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: ____________________________  DATE: __________

Applicant

SIGNATURE: ____________________________  DATE: __________

Co-Applicant
TOLANI LAKE CHAPTER
HOUSING APPLICATION

NAME: ____________________________ SOCIAL SECURITY NUMBER: ____________________________

CENSUS NUMBER: ____________________________ SPOUSE'S NAME: ____________________________

MAILING ADDRESS: ____________________________

PERMANENT ADDRESS: ____________________________

PHONE NUMBER: ____________________________ DATE OF BIRTH: ____________________________

CHAPTER: ____________________________ AGENCY: ____________________________

[ ] MALE [ ] FEMALE

NAME OF ANY RELATIVES YOU HAVE WHO ARE EMPLOYED BY THE CHAPTER:

__________________________________________

__________________________________________

NAMES OF PERSONS LIVING IN THE HOUSEHOLD ON A PERMANENT BASIS:

__________________________________________

__________________________________________

__________________________________________

INCOME INFORMATION OF ALL PERSONS OVER 16 YEARS OF AGE LIVING IN THE HOUSEHOLD BEGINNING WITH THE APPLICANT'S INCOME (ATTACH W-2 FORMS, WAGE STUBS, SOCIAL SECURITY STUBS, RETIREMENT STUBS, UNEMPLOYMENT STUBS, ETC.):

__________________________________________

__________________________________________

__________________________________________

TOTAL ANNUAL INCOME: $ ____________________________

LOCATION OF HOUSE TO BE REPAIRED, CONSTRUCTED, OR PURCHASED, INCLUDING DIRECTIONS TO THE HOUSE:

__________________________________________

__________________________________________

__________________________________________

__________________________________________
IS ELECTRICITY AVAILABLE? [ ] NO [ ] YES, NAME OF UTILITY COMPANY:

SEWER SYSTEM: [ ] CITY SEWER [ ] SEPTIC SYSTEM [ ] CHEMICAL TOILET [ ] OUT HOUSE

FLUSH TOILET? [ ] YES [ ] NO

BATH TUB OR SHOWER? [ ] YES [ ] NO

WATER SYSTEM: [ ] CITY WATER [ ] PRIVATE WELL [ ] COMMUNITY TANK [ ] OTHER

NAME OF SEWER AND WATER UTILITY COMPANY:

NUMBER OF BEDROOMS: 

SIZE OF HOUSE (In feet):

DO YOU OWN THE LAND ON WHICH YOU WISH TO RENOVATE OR BUILD? [ ] YES [ ] NO, IF NO, THE NAME OF THE OWNER IS:

THE LAND IS CURRENTLY:
[ ] INDIVIDUALLY RESTRICTED [ ] INDIVIDUAL TRUST [ ] TRIBAL TRUST
[ ] FEE PATENTED [ ] TRIBAL RESTRICTED [ ] TRIBAL FEE SIMPLE
[ ] OTHER:

HAS YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVED HOUSING DISCRETIONARY FUNDS BEFORE?
[ ] NO [ ] YES, If Yes, Name: __________________________ Year assistance received ___________ for

construction or improvements at __________________________ (Location).

HAS THE HOUSE FOR WHICH YOU ARE ASKING EVER HAD CONSTRUCTION OR REPAIRS FUNDED BY HOUSING
DISCRETIONARY FUNDS?
[ ] NO [ ] YES, __________________________ (Name) received housing assistance in ________ (year) in the

Amount of __________________________ (Dollars).

DO YOU OWN ANY OTHER HOUSE? [ ] NO [ ] YES, the house is located at: __________________________

and occupied by __________________________.

HAVE YOU APPLIED FOR ASSISTANCE FROM AN INDIAN HOUSING AUTHORITY, TRIBAL CREDIT PROGRAM, OR PRIVATE
LENDING INSTITUTION? [ ] NO [ ] YES, applied on __________ (date); and will attach proof or denial from these sources
to this application.

DOES ANY MEMBER OF YOUR PERMANENT HOUSEHOLD HAVE A SEVERE HEALTH PROBLEM, HANDICAP, OR PERMANENT
DISABILITY? [ ] NO [ ] YES;

If yes, Name __________________________ (brief description)

and I will attach proof to this application describing the condition.

I CERTIFY THAT ALL THE ANSWERS GIVEN ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

DATE __________________________ X SIGNATURE OF APPLICANT

DATE __________________________ X SIGNATURE OF SPOUSE (if applicable)
** INCOME VERIFICATION STATEMENT **

APPLICANT: ________________________________  DATE: ______________

APPLICANT SOCIAL SECURITY NUMBER: ________________________________

The Tolani Lake Chapter is requesting your assistance to verify income information for the above-named applicant who is applying for Housing Discretionary Funds. To assist our Chapter and the housing applicant, we are asking you to provide us with income information as requested at the bottom of this page. Be assured that the information supplied by you will be kept confidential and be used only in determining the eligibility and extent of funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Sincerely,

______________________________
Tolani Lake Chapter Manager

TO BE COMPLETED BY APPLICANT'S EMPLOYER OR ASSISTING SOCIAL SERVICES AGENCY

EMPLOYER/AGENCY NAME: ________________________________

NAME OF PERSON FILLING OUT FORM: ________________________________

TITLE OF THE PERSON FILLING OUT THIS FORM: ________________________________

APPLICANT'S OCCUPATION: ________________________________

EMPLOYED SINCE: ________________________________

SALARY: ________________________________  BASE PAY RATE: ________________________________

EFFECTIVE DATE OF BASE PAY RATE: ________________________________

AVERAGE # OF HOURS WORKED PER WEEK: ________________________________

TOTAL MONTHLY INCOME/ASSISTANCE: ________________________________

TYPE OF ASSISTANCE: ________________________________

SIGNATURE OF PERSON FILLING OUT THIS FORM: ________________________________  DATE: ______________
TOLANI LAKE CHAPTER
Discretionary Housing Application
Labor Agreement

Date of Request: ____________________

Applicant's Name: ____________________

Applicant's Social Security No.: ____________________

Applicant's Census #: ____________________

Spouse Name: ____________________

Spouse's Social Security No.: ____________________

Spouse's Census #: ____________________

Mailing Address/City/State/Zip: ____________________

Phone No.: ____________________

Physical Address: ____________________

NOTE:
The applicant is REQUIRED to indicate who will construct or do the repair(s) or funds will be held until indicated.

List Name(s) of individuals contracted to do the repair(s)

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<th>NAME</th>
<th>INDICATE SKILL AREA</th>
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Date Work is to Begin: ____________________

Completion Date: ____________________

ACKNOWLEDGMENT: ____________________

Applicant

DATE: ____________________