



APPLICATION

Housing Discretionary Funding Program

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: _____
Applicant

DATE: _____

Co-Applicant

DATE: _____

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 ☐ outhouse

FLUSH TOILET? ☐ YES ☐ NO ☐ BATHTUB 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)

NAME	INDICATE SKILL AREA

Date Work is to Begin:
Completion Date:

ACKNOWLEDGMENT: _____
Applicant

DATE: _____

MAP OF RESIDENT

