



COPPERMINE CHAPTER CHAPTER ASSISTANCE APPLICATION FORM

*Applicant's are required to fill out a new application form for each assistance
Incomplete application forms will NOT be accepted*

*** MUST BE A REGISTERED VOTER WITH COPPERMINE CHAPTER IN ORDER TO RECEIVE ASSISTANCE**

Name of Applicant _____ Date _____
 Address _____ City _____ State _____
 Social Security # _____ Census # _____

Please submit the following:

Certificate of Indian Blood Photo ID Voter Registration Card

TYPE OF ASSISTANCE REQUESTED

Chapter Scholarship <input type="checkbox"/>	Hay <input type="checkbox"/>	Facility Usage <input type="checkbox"/> <small>*\$50.00 fee + NN tax</small>
Funeral <input type="checkbox"/>	Fuel <input type="checkbox"/>	Firewood <input type="checkbox"/>
Medical <input type="checkbox"/>	Water <input type="checkbox"/>	Veteran <input type="checkbox"/>
Utilities <input type="checkbox"/>	Emergency <input type="checkbox"/>	Housing Materials <input type="checkbox"/>
Student Enrichment <input type="checkbox"/>	Solar Panels <input type="checkbox"/>	Clearances: Arch. & Environmental <input type="checkbox"/>
Public Employment Project <input type="checkbox"/>	Weatherization <input type="checkbox"/>	
Other: <input type="checkbox"/>	<i>Explain</i> _____	

INCOME VERIFICATION OF HOUSING UNIT

Name of each household member, including self	Age	Relationship to self	Monthly Income	Source of Income
		<i>self</i>		

Signature of Recipient _____ Date _____

FOR OFFICE STAFF ONLY

Date of Acceptance _____ Accepted By _____
 Approved Denied Fee Waived Approved Yes / No
 Comments _____

Resolution Number	Date	Amount Awarded	Check Number	Initial
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CHECKLIST OF REQUIRED DOCUMENTS

- _____ 1. Housing Assistance Application
- _____ 2. Income Verification Statement
- _____ 3. Evidence of Land Ownership
- _____ 4. Authorization for Release of Information
- _____ 5. Map to Property
- _____ 6. Copy of Social Security Card for Each Household Member
- _____ 7. Copy of Applicant's Certificate Degree of Indian Blood
- _____ 8. Referrals from Physician, Social Worker, Community Health Representative or other Entity (if Applicable)

**HOUSING APPLICATION
FOR HOUSING DISCRETIONARY FUNDING**

Name: _____ Phone Number: _____
Social Security Number: _____ Census Number: _____
Date of Birth: _____ Male: _____ Female: _____
Spouse's Name: _____
Permanent Address: _____

Chapter: _____ Agency: _____

Any Relatives Employed by The Chapter House or as Elected Officials? _____

If yes, Who? _____

Name of persons living in the Household on a permanent basis: If over 16 years of age living in the Household, please provide proof of income. (Attach W-2, wage stubs, social security check stubs, etc.)

TOTAL ANNUAL INCOME \$ _____

Location of House & Directions to the House to be Repaired and Constructed or Purchased.

Electricity Available? _____ Name of Utility Company: _____

Sewer system: septic system _____ chemical toilet _____ outhouse _____ city sewer _____

Flush Toilet Yes _____ No _____ Bath or Shower Yes _____ No _____

Water System: Private Well _____ Community Tank _____ City Water _____ other _____

Name of Sewer and Water Utility Company: _____

Number of Bedrooms _____ Size of House (Feet) _____

Do you own the land on which you wish to renovate or build? Yes _____ No _____

Name of owner _____

The Land is Currently: _____ individual trust _____ tribal trust _____ individually restricted

_____ tribal restricted _____ tribal fee simple _____ fee patented _____ other

The land is Possessed Pursuant to A: _____ Leasehold Interest _____ Use Permit

_____ Indefinite assignment or Joint Ownership as described:

Have you or anyone in your Household received Housing Discretionary Funds before? Yes _____ No _____

Name of person who received Housing Assistance: _____ Year: _____

For construction or improvements at _____ location

Has the house for which you are asking for construction or repairs ever had construction or repairs funded by Housing Discretionary funds? Yes _____ No _____ Name: _____

Year Received Housing Assistance _____ in the amount of _____ dollars

Do you own any other house? Yes _____ No _____ Location of House: _____

And occupied by: _____

Have you applied for Assistance from an Indian Housing Authority, Tribal Credit Program or Private Lending Institution? Yes _____ No _____ Date of application _____ and will attach Proof of denial from these sources to this application.

Does any member of your permanent Household have a severe Health Problems, Handicap or Permanent Disability? Yes _____ NO _____ Name _____ has (brief description)

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.

Signature of Applicant _____ Date _____

Signature of co-Applicant: _____ Date _____

INCOME VERIFICATION STATEMENT

Applicant: _____ Date: _____

Applicant's Social Security Number: _____

The _____ 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 application, 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,

Chapter Manager

_____ Chapter

To be Completed by Applicant's Employer or Assisting Social Services Agency

Employer / Agency Name: _____

Name of person filling out form: _____

Title of person filling out form: _____

Applicant's Occupation: _____

Employed date: _____ Salary _____ Base pay rate: _____

Effective Date of Base Pay Rate: _____

Average Number of Hours worked per week: _____

Total Monthly Income/Assistance: _____ Type of Assistance: _____

Signature of person filling out form: _____

Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ HEREBY AUTHORIZE THE
_____ CHAPTER HOUSE 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