

NAVAJO-HOPI LAND COMMISSION OFFICE
Housing Characteristics and Assessment Form

Head of House: _____	Date of Assessment: _____
Spouse: _____	Rural Address: _____
Address: _____	Physical Address _____
Phone #: _____	Alternate Phone #: _____ Email: _____

1 FAMILY COMPOSITION

<p>A. Family Size</p> <input type="text"/> # of family members in unit <input type="text"/> # of children under 18 yrs old <input type="text"/> # of adults over 18 yrs old <input type="text"/> # of bedroom(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Overcrowded	<p>B. Characteristics</p> <input type="text"/> # of Elderly over 65 <input type="text"/> # of Disable member <input type="text"/> # of Non-Native Amer. <input type="text"/> Other	<p>C. Military Status</p> <input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> No Veteran	<p>D. Employment Status</p> <input type="checkbox"/> Yes <input type="checkbox"/> No HH <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Other(s)
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D. Disabled Person In House Hold
 Yes Age:
 No

2 INCOME STATUS

Family Members	Employment	Retirement	SSI	SSA	Child Support	AFDC	Veteran Pension	Self-Employed	Welfare	Other Income	No Income	Total Income
HH												
Spouse												
Child #1												
Child #2												
Child #3												
Child #4												
Child #5												
Child #6												
Child #7												
Child #8												
Child 9												
Child 10												
Grandmother												
Grandfather												
Total Income												

3 EDUCATIONAL INFORMATION

Family Member	Age	Gender		Current Grade	HS Diploma		Highest Grade Completed	HS Drop Out		In College		College Degree		Other	Comments
		F	M		Yes	No		Yes	No	Yes	No				
HH															
Spouse															
Child #1															
Child #2															
Child #3															
Child #4															
Child #5															
Child #6															
Child #7															

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Child #8																				
Child 9																				
Child 10																				
Grandmother																				
Grandfather																				

4 RESIDENCE AND RELOCATION STATUS

A. HH FBFA HPL NPL Other _____

B. Spouse FBFA HPL NPL Other _____

C. Did family relocate (ONHIR)? Yes No If yes, where to? _____

D. Did family lose home? Yes No Forclosure Divorce Other _____

5 HOMESITE INFORMATION

A. Homesite Lease Yes No Pending Other _____

B. HSL # HSL #: _____ GPS# Lat: _____ Long: _____ Acres: _____

C. Reason for Pending Arch Clearance E/A Land Survey Other _____

D. Existing Structure on HSL Yes No Other _____

E. Grazing Permis Yes No Permit # _____ # of Units: _____

F. Land Status Allotment Land Off-Reservation Other _____

G. Survey #: _____

6 OWNERSHIP STATUS

A. Ownership Status Own Home Renting Borrowed/Use Live with Family Other _____

B. Type of House Single Mobile Home Modular Hogan Other _____

C. Unit Built By ONHIR NHA Veteran Services Housing Services Other _____

D. Primary Residence Yes No

E. Other Mortgage Yes No Firm? _____ Where? _____

F. Year Built _____ Home Built By: _____

Size of House (Square Footage): _____

Size of Hogan (Square Footage): _____

Number of Bedrooms: _____

Number of Bathrooms: Sink Tub/Shower Toilet

Comment: _____

7 EXTERIOR WALLS

	Stud-Stucco	Block	Block Stucco	Mobile	Brick	Stud-T-1	Other	Comments or Recommendations
Type of Walls								
Poor & Unsafe Condition								
Fair condition								
Good Condition								

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8 INTERIOR WALLS

	Living Room	Kitchen	Bedroom One	Bedroom Two	Bedroom Three	Bedroom Four	Rest Room	Comments or Recommendations
Poor & Unsafe Condition								
Fair condition								
Good Condition								
Open								
Framed								
Sheetrock								
Painted								

9 INSULATION

	Walls	Attic	Belly	Other	Comments or Recommendations
Type of Wall Insulation					
R-Value of Wall Insulation					
Poor & Unsafe Condition					
Fair Condition					
Good Condition					
No Insulation In Home					

10 HEATING SYSTEM

	Wood Stove	Space Heater	Wall Heater	Furnance	Other	No Heating System	Operational Status	Comments or Recommendation
Type of Heating System								
Poor & Unsafe Condition								
Fair Condition								
Cood								
Age of Unit (in years)								
Location in Unit								
Type of Fuel								

11 DUCTWORK

	Floor	Ceiling	Comments or Recommendations
Location of Ductwork			
Poor & Unsafe Condition			
Fair Condition			
Good Condition			

12 FLOOR

	Dirt	Concrete	Sub-Floor	Floor Tile	Other	Comments or Recommendations
Type of Floor						
Poor & Unsafe Condition						
Fair Condition						
Good Condition						

13 FOUNDATION

	Wood	Concrete	Cinder Block	Stone	Settlement	Other	Comments or Recommendations
Type of Foundation							
Poor & Unsafe Condition							

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Fair Condition							
Good Condition							

14 WINDOWS

	North	South	East	West	Comments or Recommendations
Number of windows					
Single Pane					
Double Pane					
Poor Condition					
Fair Condition					
Good Condition					

15 EXTERIOR AND INTERIOR DOORS

	Exterior Doors	Interior Doors	Screen Doors	Other	Comments or Recommendations
Number of Doors					
Poor Condition					
Fair Condition					
Good Condition					

16 PLUMBING

	Kitchen Sink	Plumbing Yes / No	Sink	Toilet	Shower Tub	Handicapped Assessability Yes / No	Comments or Recommendations
Kitchen							
Bath Room #1							
Bath Room #2							
Poor Condition							
Fair Condition							
Good Condition							

17 CEILING

	Sheet Rock	Open Ceiling	Chimmey Kit	Leakage/Damages	Comments or Recommendations
Type of Ceiling					
Rooms (Identify)					
Poor Condition					
Fair Condition					
Good Condition					

18 ROOFING

	Rafters	Shingles	Metal	Decking	Fascal	Drip Edge	Rain Gutters w/Down Spout	Splash Block	Damaged Leak Roof
Type of Roofing									
Poor Condition									
Fair Condition									
Good Condition									
	Soffit	Vents	Comments or Recommendations						
Type									
Poor Condition									
Fair Condition									
Good Condition									

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19 WATER HEATER

	# of Gallons	Gas	Electric	Propane	Solar	Other	Inside	Outside	Comments or Recommendations
Type of Water Heater									
# of Gallons									
Location of Water Heater									
Poor Condition									
Fair Condition									
Good Condition									

20 HEALTH & SAFETY ITEMS

	Smoke Alarm	C/O Detector	Refrigerator	Other	Comments or Recommendation
Location of Item					
# of Items					
Poor Condition					
Fair Condition					
Good Condition					

21 FOOD PREPARATION AREA

	Yes	No	Condition	Comments or Recommendation
Sink Drainage in water drainage				
Adequate space to serve food				
Adequate space to store food				
Refrigerator				
Type of Cookig Stove				

22 HANDICAP ASSESSIBILITY RAMPS / RAILS

	Yes	No	Condition	Comments or Recommendation
Ramps				
Rails				
Other				

23 COOLING SYSTEM

	Type of System	Yes	No	Natural Gas	Propane	Electric	Other	Comments or Recommendations
Cooling system								
Age of Unit								
Location in Home								
Type of Fuel								
Poor Condition								
Fair Condition								
Good Condition								

24 HEALTH, SAFETY, & SANITATION

<input type="checkbox"/>	Extensive repair of structure or mechanical system is cost-prohibitive.
<input type="checkbox"/>	Sanitation problems present which would endanger crew and/or client.

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<input type="checkbox"/>	Structure or component has been "red tagged" or otherwise condemned.																		
<input type="checkbox"/>	Severe moisture problems are present.																		
<input type="checkbox"/>	Harmful pesticide residue is present.																		
<input type="checkbox"/>	Harmful hazardous material. <input type="checkbox"/> Mold <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead Base Paint <input type="checkbox"/> Other																		
<input type="checkbox"/>	Hazardous pest/insect infestation:																		
<input type="checkbox"/>	Building Code Violations preventing Housing Assistance:																		
<input type="checkbox"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><input type="checkbox"/></td> <td>Unit Structure Condition</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Foundation Structure</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Plumbing</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Electrical</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Exterior/Interior Walls Structure</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> <td>_____</td> </tr> </table>	<input type="checkbox"/>	Unit Structure Condition	_____	<input type="checkbox"/>	Foundation Structure	_____	<input type="checkbox"/>	Plumbing	_____	<input type="checkbox"/>	Electrical	_____	<input type="checkbox"/>	Exterior/Interior Walls Structure	_____	<input type="checkbox"/>	Other	_____
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<input type="checkbox"/>	Other	_____																	
Comments or Recommendations:																			

25 SITE FEASIBILITY

	Information	Yes	No	Scattered Site	Sub-Division	0-5%	5-10%	Comments or Recommendations
Project Location								
Existing Structure								
Project Type								
Topographic (Slopes)								

26 SITE LAND ASSESSMENT

	Yes	No	Comment		Yes	No	Comment	
Conservable Trees (pinon/juniper)				Easements (Power, Water & Gas)				
Forest Area (pinon/oak)				Earth Faults				
Landslide				Creeks				
Subsidence (sink hole or setting)				Arroyos				
Existing Fill				Rock Out Crops				
Flood Area (Flash Flood/Flood Plan)				Existing structures				
Archaeological Clearance Completed				Enviromental Clearance Completed				
Garbage Collection Services Available				# of miles to nearest transfer Station?				
Any unusual hazard features?			Describe:					
Is propose site within two miles of:			Airport	Major Highway/Dirt Road			Railroad	Other
Recommendations:								

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27 WATER SYSTEM

	Yes	No	Condition	Distance to Site	Comments or Recommendation
Community Water Line Extension					
Community System					
Cisterin System					
Cisterin System Required					
Do the wells in the area indicate sufficient quantity & quality of water?					

28 SEWER SYSTEM

	Yes	No	Condition	Distance to Site	Comments or Recommendation
Community Sewer System					
Lagoon					
Has a lagoon been identified					
Distance to main sewer line.					
System on Site					
Pit					
Septic System					
Septic System Required?					
Is there sufficient land available for primary & secondary drain field?					
Has percolations test been completed?					

29 ELECTRICITY SYSTEM

Name of Utility Provider	Yes	No	Condition	Distance to Site	Voltage	Comments or Recommendations
Type of Line: <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase						
Does existing line need upgrading?						
Utility Line Onsite:						
Solar System						
Window Power Solar						
Battery for Solar						
Electrical Wiring in Home						

30 NATURAL GAS & PROPANE

	Yes	No	Condition	Distance to Site	Comments or Recommendation
Natural Gas					
LPG					
Propane					
Propane Bottle Gallon Size					
Propane for cooking only?					

31 ROADS

	Yes	No	Condition	Distance to Site	Comments or Recommendation
Dirt Road #					
Gravel Road #					
Highway #					
Nearest Road #:					
Proposed Road Access					
Sub-Division					

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32 REQUIREMENTS FOR FINAL SITE APPROVAL FOR STRUCTURE

	Yes	No		Yes	NO		Yes	No
HOMESITE LEASE			ARCHAEOLOGICAL CLEARANCES			SURVEY PLAT		
Survey			Archaeological /Historical Survey			Flood Study		
Soils Test			Environmental Clearance			Access ROW		
Prec Test			Drainage Study			Utility Easement		

Name of Employee (Assessor)

Time of Assessment

Date of Assessment

Signature of Client

Time of Assessment

Date of Assessment

Signature of Date Intake

Time of Completion

Date of Input

Signature of Project Manager
for Verification of Data Input

Time Verified

Date of Verification

5/1/2014