

COPPERMINE CHAPTER

CHECKLIST OF REQUIRED DOCUMENTS

1. _____ Housing Assistance Application
2. _____ Income Verification Statement
3. _____ Homesite Lease
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 of Indian Blood (CIB)
8. _____ Copy of Driver's License or Identification Card
9. _____ 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.

Property and Household Information

- Electricity Available? _____ Name of Utility Company: _____
- Sewer system: septic system _____ chemical toilet _____ outhouse _____
- Flush Toilet: Yes _____ No _____ Bath or Shower: Yes _____ No _____
- Water System: Private Well _____ Community Tank _____ other _____
- Name of Sewer and Water Utility Company: _____
- Number of Bedrooms: _____ Size of House (Feet): _____
- Do you have a homesite lease on the land you wish to renovate or build?
Yes _____ No _____
- Name of homesite lease holder: _____
- 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 received Housing Discretionary Funds before? Yes _____ No _____
 - If yes, Year: _____
 - For construction or improvements at: _____ location
- 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 Problem, Handicap, or Permanent Disability? Yes _____ No _____ Name: _____ has (brief description) _____
 - Attach proof to this application describing the condition.

Certification:

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:** _____

Social Security Number: _____

The Coppermine 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
Coppermine 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)