

# 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 Members
- \_\_\_ 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.)

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**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

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## 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