



**LUKACHUKAI CHAPTER**  
P. O. Box 248 Lukachukai, Arizona 86507  
Telephone: (928)787-2500 Fax: (928) 787-2332  
Email: lukachukai@navajochapters.org

---

## **HOUSING DISCRETIONARY ASSISTANCE**

### **ELIGIBILITY**

- Applicant must be registered voting member of the Lukachukai Chapter and must be registered for more than six (6) months if recently registered with Lukachukai Chapter.
- Applicant must be able to provide proof of homeownership by lease or Affidavit of Home Ownership verified by a Chapter Official and/or Grazing Committee Member.
- Applicant or anyone in same household must NOT have received Housing Discretionary Funds within the last five (5) years.

### **APPLICANT RESPONSIBILITY**

1. \_\_\_\_\_ Completed Checklist of Required Documents
2. \_\_\_\_\_ Completed Housing Discretionary Application
3. \_\_\_\_\_ Evidence of land ownership or potential ownership in the form of an affidavit or document proof of title; trust title; leasehold interest; or other exclusive possessory interest customary use.
4. \_\_\_\_\_ Authorization of Release of Information form shall be completed.
5. \_\_\_\_\_ A map of the location of home.
6. \_\_\_\_\_ A copy of Social Security cards and Certification of Indian Blood for all household members.
7. \_\_\_\_\_ A list of materials and Current price quotes from three (3) different vendors.
8. \_\_\_\_\_ Navajo Nation Voter's Registration. (This may be verified by Lukachukai Chapter Administration).
9. \_\_\_\_\_ Photograph of the house (interior/exterior), to prove the house is in need of renovation, repair and/or improvement.
10. \_\_\_\_\_ For funding pursuant to Category C and D, on Navajo Nation Trust Land or Allotment Trust Land, Navajo Homesite Lease, Residential Lease or Allotment records are required. Certification from the Office of Land Administration can be utilized in lieu of Navajo Homesite or Residential Lease, provided local clearances are in order and Homesite Lease processing is assured in the near future.

**Lukachukai Chapter**  
**PO Box 248 Lukachukai, AZ 86507**  
**Phone: (928)787-2500 Fax: (928)787-2332**

--

**Housing Discretionary Funds Application**

*Please print legibly and complete all fields*

Last Name: (Applicant)	First Name: (Applicant)	Middle Name	
Social Security Number	Census Number	Date of Birth	
Last Name: (Spouse)	First Name: (Applicant)	Middle Name	
Social Security Number	Census Number	Date of Birth	
Home Phone Number	Cell Phone Number	Message Phone Number	
Mailing Address	City	State	Zip Code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(s) <input type="checkbox"/> Other			
Are you a registered voter with the Lukachukai Chapter <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you or anyone in your household received any Chapter Housing Assistance within the last 5 years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No            If Yes, Who received it and When?			

Household Composition - Please list every person living in you household other than yourself.

Name	Relationship	Date of Birth	Census No.#	Social Security No.#

**ADMINISTRATIVE USE ONLY**

<b>Lowest Price Quote</b>	
Vendor: _____	Amount: _____
Address: _____	Reference Number: _____
<b>Assistance</b>	
<input type="checkbox"/> Approved    Approved Amount: _____	Check No. #: _____
<input type="checkbox"/> Denied	
Denied Reason: _____	
_____	_____
Chapter Administration	Date

**Lukachukai Chapter**

**Housing Discretionary Funds Application - Home Assessment Form**

Applicant Name:

Home Phone Number

Cell Phone Number

Message Phone Number

Please explain the problem (weatherization, mold, not safe, etc.)

Please explain how you will fix the problem:

Please draw a map to your home needing repair below:

Type of Home:  Frame House  Mobile Trailer  Hogan  Other

To locate your home, please describe your home and the surrounding area:

Price Quotes:

Do you need the Lukachukai Chapter to help you with your price quote:

Yes

No

I certify that the information provided in this application packet is true and complete to the best of my knowledge and any false statement of information may cause for termination or deny my eligibility for housing assistance.

I further certify that I/we are the owner(s) of the property in this application and the Housing Discretionary Funds will be used recommended for the property in this application.

I hereby release any and all information requested for Housing Discretionary Funds concerning myself and my household members listed in this application to the Lukachukai Chapter

The Lukachukai Chapter and its administration will NOT be held liable for any damages incurred before, during and after the completion of the home project.

I acknowledge the respect in the use of such funds and comply with all requirements in the Lukachukai Chapter Housing Discretionary Policies and Procedures (Lukachukai Chapter In-house Policies and Procedures, Financial Assistance, Housing Discretionary).

---

Applicant Signature

---

Date

---

Spouse Signature

---

Date



