

TEESTO CHAPTER ARPA HOUSING REPAIR AND WEATHERIZATION APPLICATION

Registered Voter: ☐ YES ☐ NO

DATE: _____

Applicant's Name: _____ Census #: _____ Phone #: _____

Spouse Name: _____ Census #: _____ Phone #: _____

Mailing Address: _____

Physical Address: _____

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Common Law

Are you a Veteran: ☐ Yes ☐ No Branch: _____

TYPE OF HOUSE:

☐ Mobile Home ☐ Standard House ☐ Hogan ☐ Cabin House (G-House)
*NHA House ☐ Yes ☐ No *PAID OFF ☐ YES ☐ No

Occupied: ☐ Yes ☐ No Homesite Lease: ☐ Yes ☐ No # of household members: _____

Electricity to the home ☐ Yes ☐ No Waterline to the home ☐ Yes ☐ No

LAND STATUS:

☐ Trust Land ☐ Navajo Partition Land ☐ Hopi Partition Land ☐ Fee Land

APPLICANT CERTIFICATION:

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive ARPA Housing/Weatherization Assistance, and that false or misleading statements may constitute forfeiting of this application.

This application contains material covered by the privacy act, no record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an employee of the housing program or the Chapter requires it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

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HOUSING INFORMATION:

NOTE: Provide three (3) price quotes from three (3) vendors.

Provide a **detailed descriptions** of the problems you are experiencing with your home which you are applying for:
