

# EXHIBIT "A"

## LeChee CHAPTER HOUSING DISCRETIONARY FUNDS POLICIES AND PROCEDURES

### I. PURPOSE

The purpose of these policies and procedures is to provide guidance to chapters in administering Navajo Nation Housing Discretionary Funds where the chapter lacks policies and procedures of its own. The Navajo Nation appropriates these funds to provide eligible Navajos with housing assistance in the electrical wiring, and new construction costs.

### II. DEFINITIONS

- A. "Chapter Administration" means the employees of the chapter which includes, but is not limited to, the chapter manager and clerk-typist.
- B. "chapter manager" means a chapter employee who performs the duties prescribed in 26 N.N.C. §1004 (B), 1004 ©, and 2003 (B), and includes those employees referred to as community service coordinators.
- C. "handicapped" means a person who is legally blind, legally deaf physically disabled due to the loss of one or more limbs, chair or bed bound, unable to walk without crutches or walker, a mentally disabled adult who requires a companion to aid in basic needs, or prevented from minor physical exertion such as housework due to severe health or respiratory problems.
- D. "houses" means framed construction (conventional, prefab, modular, steel, etc.), block and brick construction, log construction, Hogan construction (log or framed), adobe construction (traditional Pueblo adobe, stabilized or semi-stabilized adobe, compressed adobe block, adobe as a filler material, rammed earth, etc.), solar energy construction (passive, active, and appropriate technology).

### III. TYPES OF ASSISTANCE

- A. Category A (Minor Repair) is for minor repairs and maintenance type work for occupied existing houses.
- B. Category B (Major Repair or Addition) is for repairs of occupied existing houses to bring the structures up to safe and livable conditions, and may include plumbing and electrical work. It also is for additions to occupied existing houses in order to provide more adequate living spaces or bathrooms for sanitation reasons.
- C. Category C (Partial Assistance) is for partially financed, self-help instruction of new houses. Electrical wiring and plumbing is allowed under this category.
- D. Category D (New Construction) is for construction of new houses with electrical wiring and plumbing.

### IV. EXPENDITURE REQUIREMENTS AND REPORTING

- A. All expenditures shall be duly approved by the chapter membership and set out in the budget.
- B. The chapter administration shall make proper accounting and bookkeeping entries for all expenditures.

- C. The chapter has the discretion to allow for pre-construction costs including costs associated with obtaining home site leases. Including but not limited to, archeological survey costs, environmental clearance costs, and land surveys costs.
- D. Prior to commencing any work, the chapter manager shall prepare a statement of work to be undertaken which lists the construction expenditures and brief description of the construction plan.
- E. Upon completion of the work, the chapter manager shall prepare a performance report briefly describing the accomplishments as they relate to the statement of work.
- F. At the end of each quarter, the chapter administration shall prepare a written expenditure report which includes a brief description of the expenditures and achievements for that quarter. The chapter administration shall submit the report to its Local Governance Support Center.

## V. PROJECT APPLICATION

- A. To be eligible to receive Housing Discretionary Funds, and applicant must be:
  - 1. A registered member of the chapter;
  - 2. In possession of a Certificate Degree of Indian Blood;
  - 3. In possession of a Social Security Card;
  - 4. Able to prove home ownership by title or lease;
  - 5. Able to prove the home is the primary residence of the applicant; and
  - 6. Able to prove the home is in need of renovation, repair, or improvement.
- B. The applicant must submit:
  - 1. A completed Checklist of Required Documents (See sample form attached hereto as Attachment A);
  - 2. A completed Housing Application (See sample form attached hereto as Attachment B);
  - 3. A complete Income Verification Statement (See sample form attached hereto Attachment C);
  - 4. Evidence of land ownership or potential ownership in the form of an affidavit or documented proof of fee title, trust title, leasehold interest, use permit, indefinite assignment, or other exclusive possessory interest including customary use;
  - 5. For funding pursuant to Category D and on Navajo Nation trust or allotted trust land, Navajo Home site Leases, Residential Leases, or allotment records are required. Certification from the Office of Navajo Land Administration can be utilized in lieu of Navajo Home site or Residential Leases provided local clearances are in order and Home site Lease processing is assured in the near future. Alternatively, an affidavit signed by the Chapter Officers and Grazing Committee Members stating there is no land disputes where construction is to occur can be utilized in lieu of the records or certification mentioned above;
  - 6. For funding pursuant to Category C, evidence that partial construction has occurred;
  - 7. Authorization for Release of Information (See sample form attached here to as Attachment D);
  - 8. A map to property;



9. A copy of each household members Social Security Card;
  10. A copy of the applicant's Certificate Degree of Indian Blood; and
  11. A list of materials and their cost or bid sheet.
- C. The Chapter manager shall make sure all documents have been properly completed, dated and signed by the applicant.

#### **VI. SELECTION PROCESS**

- A. The chapter membership shall annually appoint a selection committee which will evaluate, rank, and make awards.
- B. The selection committee shall develop and utilize a ranking system which ensures priority for eligibility, serving those with the greatest needs first. The five basic factors in the ranking system shall include:
1. Annual household income;
  2. Family size;
  3. Overcrowded living conditions;
  4. Unsanitary or unsafe living conditions; and
  5. Elderly, handicapped or disabled.
- C. The point allocation sheet shall be kept in each applicant's folder and record the points given to the applicant for each of the above-mentioned factors.

#### **VII. MONITORING**

- A. The chapter manager shall have the day-to-day oversight responsibility for the administration of all chapter activities involving the Housing Discretionary Funds.
- B. The Local Governance Support Center shall have expenditure over sign and ensure that all chapter allocations are expended in accordance with applicable Navajo Nation, state and federal law.
- C. The Transportation and Community Development Committee of the Navajo Nation Council shall have nationwide oversight responsibility for chapter Housing Discretionary Fund activity.

#### **VIII. AMENDMENTS**

The Housing Discretionary Funds Policies and Procedures may be amended as deemed necessary by the transportation and Community Development Committee of the Navajo Nation Council.

# LeChee Chapter



**Jerry L. Williams, President**  
**Sara Dale, Grazing Officer**  
**Revaline Yazzie-Tate, Chapter Manager**

**JoAnn Yazzie-Pioche, Vice-President**  
**Paul Begay, NN Council Delegate**  
**Vacant, Secretary/ Treasurer**

---

P.O. Box 4720    Page, Arizona 86040    P: 928-698-2805    F:928.698.2803    E: lechee@navajochapters.org

## MEMORANDUM

DATE : \_\_\_\_\_  
TO : All Chapter Housing Discretionary Fund Recipients  
FROM : **LeChee Chapter Manager and Staff**  
SUBJECT : Understanding of the Chapter Housing Discretionary Fund  
Policies and Procedures

I, \_\_\_\_\_, have read and understood the Chapter Housing Discretionary Fund Policies and Procedures.

I also agree to the terms and conditions of the Chapter policies. In addition, I understand that I will not harass not tell the PEP workers, what to do and dictate their work schedule upon working at worksite

*If you should have any complaint or questions, please state in writing and address to the Chapter Manager.*

## SIGNATURE:

---

*Housing Discretionary Fund Recipient*

---

*Date*

### **CHECKLIST OF REQUIRED DOCUMENTS**

- Housing Application
- Income Verification
- Evidence of Land Ownership
- Authorization of Release of Information
- Map to Property
- Copy of Social Security for Each household member
- Copy of Applicant's Certificate Degree of Indian Blood
- Referrals from Physician, Social Worker, Community Health Representative, or other Entity (If Applicable)
- Signed Memorandum - Understanding of the Chapter Housing Discretionary Fund Policies and Procedures

### **OFFICE USE ONLY**

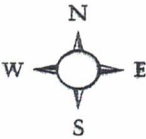
- Proof of Chapter Voter Registration
- 3 Quotes
- Home Assessment-Proof that home needs Repair
- Chapter Manager's Review
- Eligibility Determination
- Photo's from Before and After Renovation

\_\_\_\_\_  
*Verified by:*

\_\_\_\_\_  
*Date:*



Please draw a map to location of home to be renovated or built, use highway's, mileposts, county roads.





**Is Electricity available?**

No  Yes, Name of Utility Company: \_\_\_\_\_

**Sewer System:**

City Sewer  Septic tank  Chemical toilet  Outhouse

**Flush Toilet?**

No  Yes

**Bathtub or shower:**

No  Yes

**Water System:**

City Water  Private Well  Community tank  Other:

Name of Sewer and water Utility Company: \_\_\_\_\_

**Number of Bedrooms:** \_\_\_\_\_ **Size of house (In feet):** \_\_\_\_\_ **ft.**

**Do you own the land on which you wish to renovate or build?**

Yes  No, The name of the owner is: \_\_\_\_\_

**The land is currently:**

Individual trust  Tribal trust  Individually restricted  Tribal restricted  
 Tribal fee simple  Fee patented  Other: \_\_\_\_\_

**The land is possess pursuant to a:**

Leasehold interest  Use permit  Indefinite assignment or joint ownership as described:

**Have you or anyone in your household received discretionary funds before?**

No  Yes. \_\_\_\_\_ (NAME) received housing assistance in \_\_\_\_\_ (LOCATION) (YEAR) for construction or improvements at \_\_\_\_\_

**Has the house for which you are asking for construction or repair funding ever have construction or repairs funded by housing discretionary funds?**

No  Yes. \_\_\_\_\_ (NAME) received housing assistance in \_\_\_\_\_ (YEAR) in the amount of \_\_\_\_\_ (DOLLARS).

**Do you own any other houses?**

No  Yes, The house is located at \_\_\_\_\_ (LOCATION) and occupied by \_\_\_\_\_ (NAME)

**Have you applied for assistance from an Indian Housing Authority, Tribal Credit Program, or private lending Institution?**

No  Yes, I applied on \_\_\_\_\_ (DATE) 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?**

No  Yes, \_\_\_\_\_ (NAME) has \_\_\_\_\_ (BRIEF DESCRIPTION) and I will 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  
  
\_\_\_\_\_  
SIGNATURE OF SPOUSE (IF APPLICABLE)

\_\_\_\_\_  
DATE  
  
\_\_\_\_\_  
DATE



# INCOME VERIFICATION STATEMENT

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
APPLICANT SOCIAL SECURITY NO.

\_\_\_\_\_  
DATE

The LeChee Chapter is requesting your assistance to verify income information for the aboved-name applicant who is applying for Housing Discretionary Funds. To assist our Chapter and the housing applicant, 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 funding for the applicant. Your cooperation and immediate return of the completed form to our office would be greatly appreciated.

Respectfully,

\_\_\_\_\_  
*Chapter Manager,  
LeChee Chapter*

.....

### TO BE COMPLETED BY APPLICANT'S EMPLOYER OR ASSISTING SOCIAL SERVICES AGENCY

EMPLOYER/AGENCY NAME: \_\_\_\_\_

NAME OF PERSON FILLING OUT THIS FORM: \_\_\_\_\_

TITLE OF THE PERSON FILLING OUT THIS FORM: \_\_\_\_\_

APPLICANT'S OCCUPATION: \_\_\_\_\_

EMPLOYED SINCE: \_\_\_\_\_ SALARY: \_\_\_\_\_ BASE PAY RATE: \_\_\_\_\_

EFFECTIVE DATE OF BASE PAY RATE: \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_ hrs. TOTAL MONTHLY INCOME/ASSISTANCE: \_\_\_\_\_

TYPE OF ASSISTANCE: \_\_\_\_\_

\_\_\_\_\_  
*SIGNATURE OF PERSON FILLING OUT THIS FORM*

\_\_\_\_\_  
*DATE*

.....

### ORGANIZATIONS FROM LIABILITY FOR PROVIDING LEGALLY RELEVANT, INFORMATION IN CONNECTION WITH MY HOUSING APPLICATION.

\_\_\_\_\_  
*APPLICANT SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*CO-APPLICANT SIGNATURE*

\_\_\_\_\_  
*DATE*