

# HOUSING IMPROVEMENT PROGRAM

Applicant Name: \_\_\_\_\_

Fiscal Year: 2026

Chapter: \_\_\_\_\_

(Official Use) Distribution Date: \_\_\_\_\_

**\*All Household Members over 18 years of age is required to complete all forms attached**

**HOUSING ASSISTANCE APPLICATION PACKET**

**All forms must be complete, sign, dated and all questions answered.**

	Received	Missing
Housing Assistance Application (Form BIA 6407)		
Map (Location of Homesite or Residential Lease)		
*Income Information Checklist		
*Individual Indian Money (IIM form) (Individual Form for applicant and household members)		
*Federal Income Tax Return for current year: 2024. If filed, copies of 1040 Tax Return		
*Verification of Employment (Complete by employer if employed)		
*Housing Assistance Verification (Must be completed by Navajo Housing Authority)		
*Authorization to Release of Information		

**REQUIRED DOCUMENTS**

**Provide list of the required documents to complete application process.**

Certificate of Indian Blood (CIB) -for all household members		
Social Security Cards - for all household members		
*Award Letters from Unearned Income: Social Security, VA, Retirement, Unemployment, etc.		
Doctor Statement - If claiming disability (If you are receiving SSI, no Doctor statement needed)		
Veteran Document (DD214) - If claiming Veteran		
Finalized Homesite Lease - In Applicant's Name		
Cultural Resource Compliance or Archaeological Inventory Report w/map		
<span style="color: red;">OPTIONAL: Biological Report</span>		
Other: Guardianship and/or Adoption decree for niece/nephew or grandchildren, Etc.		
<span style="color: red;">Email address: _____ Correspondence Purpose Only</span>		

**DUE BY: 9/30/2025 (APPLICATION AND ALL NECESSARY DOCUMENTS/FORMS)**

**APPLICATION CAN BE MAIL, FAX OR DROP OFF AT THE THREE AGENCY OFFICES**

**Fort Defiance Agency Housing Improvement Program, PO Box 527, Fort Defiance, Arizona 86504**

**Bldg#8229 Field House Road**

**Phone# (928) 729-4017 FAX# (928) 729-4277**

**Chinle Agency Housing Improvement Program, PO Box 280, Chinle, Arizona 86503**

**Bldg#2492 S/W of Chinle Chapter House**

**Phone# (928) 674-2260 FAX# (928) 674-2266**

**Crownpoint Agency Housing Improvement Program, PO Box 1768, Crownpoint, NM 87313**

**ASC Bldg#6746, Chapter Hs. Road**

**Phone# (505) 786-2105 FAX# (505) 786-2110**

**Western Agency Chapter constiteunts can contact Chinle Agency Office.**

**Shiprock Agency Chapter constiteunts can contact Fort Defiance Agency Office.**



**C. INCOME INFORMATION** \_\_\_\_\_

14. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ \_\_\_\_\_

15. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income: \$ \_\_\_\_\_

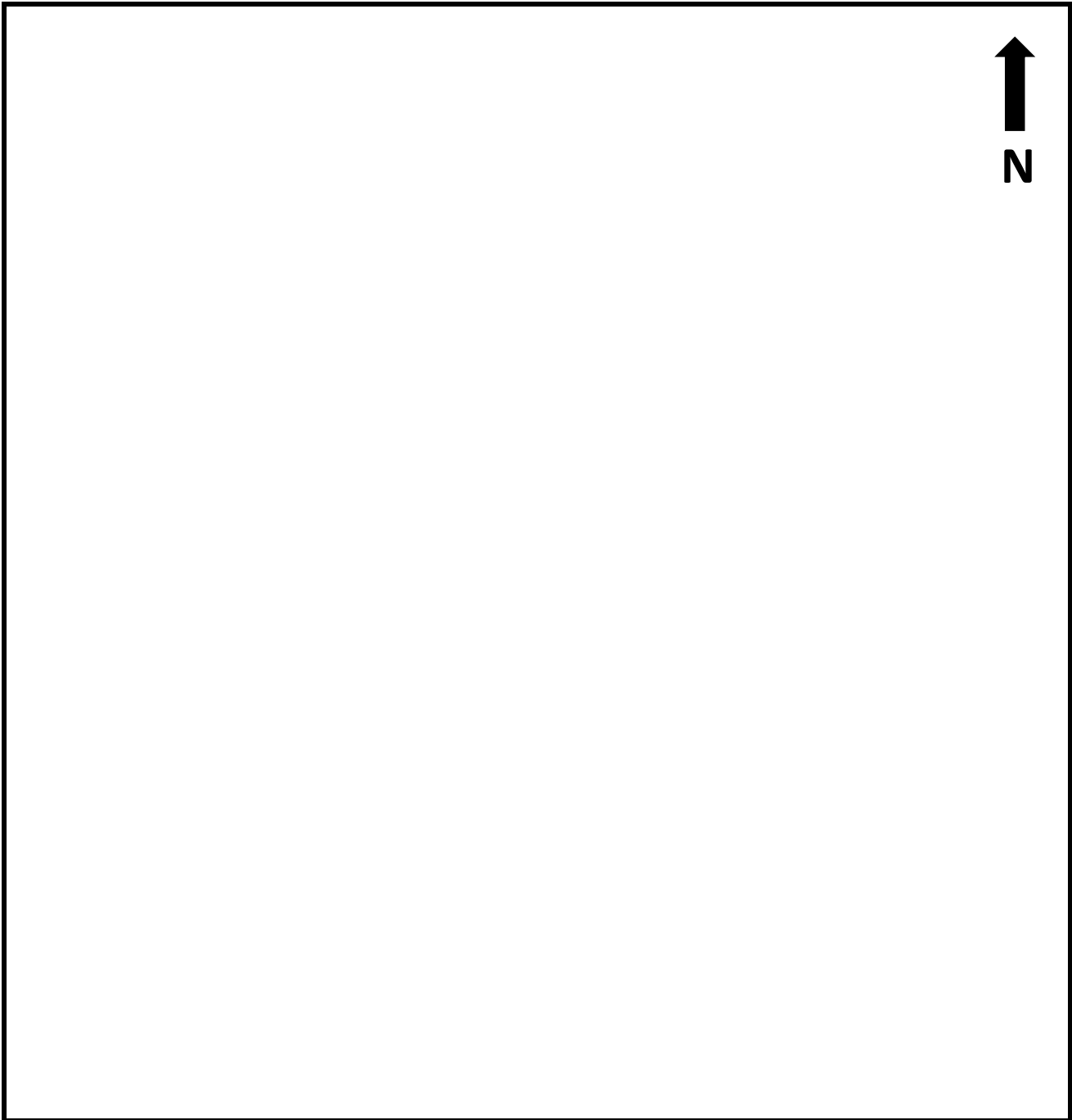
16. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ \_\_\_\_\_

**D. HOUSING INFORMATION** \_\_\_\_\_

17.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). <b>**DRAW MAP ON BACK OF THIS PAGE**</b>
18.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
19.	If repair assistance is needed, do you own _____ or rent _____ this house?
	If renting, is the owner Indian? _____ No _____ Yes
	If yes, provide name of owner(s):
20.	Are you living in Overcrowded Conditions? _____ No _____ Yes
21.	Is the condition of the home in a dilapidated state? _____ No _____ Yes

Date of this application: \_\_\_\_\_

**Draw a map to the location of the housing unit to be renovated or built.  
Indicate the name of the Chapter and the distance from the Chapter House.**



**Detailed directions to your house.**

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**HOUSING INFORMATION, continued.**

22.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____.				
23.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Community Water Tank	
24.	No. of Bedrooms _____.				
25.	House Size: _____ (Square Feet)	[ LENGTH _____ ft/in]	[WIDTH _____ ft/in]		
26.	Bathroom facilities in existing house:	Facility	Yes	No	
		Flush toilet			
		Bathtub			
		Sink/lavatory			

**E. LAND INFORMATION** \_\_\_\_\_

27.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the owner(s):			
28.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee	<input type="checkbox"/> Native/Restricted
		<input type="checkbox"/> Individual trust land	<input type="checkbox"/> Tribal trust land	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted	<input type="checkbox"/> Other:
29.	If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> Use permit? <input type="checkbox"/> Indefinite assignment or joint ownership? If so, please explain:			

**F. GENERAL INFORMATION** \_\_\_\_\_

		Yes	No
30.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received \$ _____; the year it was received: 19__ __; and the location of the house:		
31.	Do you own any other house not occupied by your family?		
	If yes, state where the house is located: _____ and who occupies it: _____.		
32.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
33.	Is the HUD project still under operation of an Indian Housing Authority?		
34.	Are you seeking Down Payment Assistance?		
	If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
35.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? If yes, provide date of application: _____		
	• Other? From who: _____ If yes, provide date of application: _____		
36.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
	If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: \_\_\_\_\_

**G. APPLICANT CERTIFICATION**

(Read this certification carefully before you sign and date your application. Sign in ink).

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 financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

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 officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: \_\_\_\_\_

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

Spouse's Signature (if appropriate) \_\_\_\_\_

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

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: \_\_\_\_\_



# THE NAVAJO NATION

BUU NYGREN, PRESIDENT  
RICHELLE MONTOYA, VICE-PRESIDENT

## AUTHORIZATION FOR RELEASE OF INFORMATION

Use for Housing Assistance Application Process Only

I, (We), \_\_\_\_\_, hereby authorize the Navajo Nation Housing Improvement Program, to obtain all necessary information for completion of my (our) application for housing assistance including information on my (our) interest in land, household income, and medical condition. I (We) understand and acknowledge this information will be used only in determining my (our) eligibility and extend of housing assistance through Housing Improvement Program Agency Offices or other housing project sources.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (for thumbprint only)

\_\_\_\_\_  
Date

Name of Primary Applicant/Chapter: \_\_\_\_\_



**INCOME INFORMATION CHECKLIST**

**This form is used for Housing Assistance Application Process Only**

**Name:** \_\_\_\_\_

**Chapter:** \_\_\_\_\_

**All household members over the age of 18 years old must complete and report income.**

Check **YES** or **NO** in the box for every line listed below. Report all income and/or any type of assistance received and enter the monthly income amount. Provide any supporting documents.

<b>INCOME (EARNED/UNEARNED) INFORMATION:</b>	<b>YES</b>	<b>NO</b>	<b>Monthly Income</b>
Are you employed? (Working):			
Social Security Benefits (SSB)			
Supplemental Security Income (SSI)			
Retirement Pension			
Veteran Benefits			
Unemployment Benefits			
Annual Trust Income or Per Capita Payments			
TANF/General/Cash Assistance Program			
Alimony and/or Child Support			
Food Stamps NM <input type="checkbox"/> AZ <input type="checkbox"/>			
Self Employment: Written Statement of Estimated Amount			
Other Source of Income:			

**NO INCOME**

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.

\_\_\_\_\_  
**Signature**

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

**Name of Primary Applicant/Chapter** \_\_\_\_\_



AUTHORIZATION OF RELEASE  
IIM/INDIVIDUAL INDIAN MONEY ACCOUNT  
INFORMATION

I, \_\_\_\_\_, request that all information regarding my IIM/  
INDIAN TRUST Account, be released to: HOUSING IMPROVEMENT PROGRAM, on my behalf.

I am authorizing this release to be in effect for a period of one year, (no longer than one year)  
from the date of my signature.

Signature: \_\_\_\_\_

Census No.: \_\_\_\_\_

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

WITNESS OF ACCOUNT HOLDER'S SIGNATURE:

(Please Note: The witness must be age 18 or older, and must sign immediately after the Account  
Holder signs the document. The dates must be identical.

Witnessed by:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Date

Name of Primary Applicant/Chapter: \_\_\_\_\_



NAVAJO HOUSING IMPROVEMENT PROGRAM/ CHID

PO Box 527 Fort Defiance, Arizona 86504

Name of Primary Applicant/Chapter: \_\_\_\_\_

**FEDERAL INCOME TAX INFORMATION**

This form is used for Housing Assistance Application Process Only

Name: \_\_\_\_\_

Chapter: \_\_\_\_\_

**Household member over the age of 18 years old must complete this form.**

- 1  Check this box, if you filed a Federal Income Tax Return for 2024.  
If yes, provide copies of the current 1040 tax return and W-2's statements (If you haven't file)
- 2  Check this box if you **did not** file a Federal Tax Return.  
If you work or self-employed, explain why you did not file below
- 3  Check this box if you have **no income and did not file** Federal Income Tax

**This portion must be complete if you marked 2 or 3:**

**a) If you have no income, how do you support yourself?**

\_\_\_\_\_

**b) Explain why you did not file a Federal Income Tax Return?**

\_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF YOU CHECK NUMBER 2 or 3, YOU MUST SIGN FORM IN PRESENT OF A NOTARY PUBLIC**

**NOTARY**

Personally appeared before me and signed the foregoing instrument and I acknowledged that he/she signed the name.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC Signature

\_\_\_\_\_  
Printed Name of Notary Public

State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



# THE NAVAJO NATION

BUU NYGREN, PRESIDENT  
RICHELLE MONTOYA, VICE-PRESIDENT

## VERIFICATION OF EMPLOYMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

The Navajo Nation Housing Improvement Program (HIP) is requesting for employment and salary verification for the above individual. This form is used to complete the housing application process and to determining eligibility for housing assistance. The information obtained will be kept confidential. Your assistance and cooperation are appreciated. Thank you.

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### THIS SECTION MUST BE COMPLETED AND SIGN BY EMPLOYER

Applicant's Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employment Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Permanent      \_\_\_\_\_ Temporary      \_\_\_\_\_ Seasonal      \_\_\_\_\_ Part-time

How often paid: \_\_\_\_\_ Weekly      \_\_\_\_\_ Bi-Weekly      \_\_\_\_\_ Bi-Monthly      \_\_\_\_\_ Monthly

Hours per week: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Annual Gross Salary: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name of Primary Applicant/Chapter: \_\_\_\_\_



# THE NAVAJO NATION

BUU NYGREN, PRESIDENT  
RICHELLE MONTOYA, VICE-PRESIDENT

## HOUSING IMPROVEMENT PROGRAM (HIP)

### Housing Assistance Verification

Applicant's Name: \_\_\_\_\_ Census No: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Census No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

The named individual(s) applied for the housing assistance with the Navajo Nation Housing Improvement Program (HIP). The program is requesting for assistance in completing the verification form to be used to determine the applicant's eligibility in accordance in HIP Federal Regulations. Any information is provided will be held in strict confidential and used only for completion of the housing assistance application process.

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### THIS FORM IS TO BE COMPLETED BY THE NAVAJO HOUSING AUTHORITY (NHA)

Has the above-named applicant(s) applied for the Navajo Housing Authority public rental, Mutual Help Housing and Homeownership programs?

\_\_\_\_\_ Yes, application on file. Date of Application: \_\_\_\_\_

\_\_\_\_\_ Yes Applicant resides in NHA Housing (Type of Housing)

\_\_\_\_\_ Public Rental \_\_\_\_\_ Mutual Help Housing \_\_\_\_\_ Homeownership

\_\_\_\_\_ Homeownership Paid Off Date: \_\_\_\_\_

\_\_\_\_\_ Denied \_\_\_\_\_ Ineligible \_\_\_\_\_ Moved Out Date: \_\_\_\_\_

\_\_\_\_\_ Never applied with NHA.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

#### HOUSING IMPROVEMENT PROGRAM

NAVAJO NATION COMMUNITY HOUSING & INFRASTRUCTURE DEPARTMENT

POST OFFICE BOX 527 · Fort Defiance, AZ 86504 · PHONE: (928) 729-4017 FAX: (928) 729-4277