

HTHA SOLAR PROJECT PROGRAM  
PROOF OF OWNERSHIP

Date:

Hopi Tribal Housing Authority  
Solar Project Program  
P.O. Box 906  
Polacca, AZ 86042

I, \_\_\_\_\_, acknowledge the said home located  
(name)  
\_\_\_\_\_ of \_\_\_\_\_ belongs to me.  
(Direction) (Village)

I, \_\_\_\_\_, do hereby authorize the Hopi Tribal Housing Authority to make  
(Name)  
any renovations, and/or additions.

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

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

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

.....  
State of \_\_\_\_\_

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

Subscribed and sworn to and before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: