

HOPI TRIBAL HOUSING AUTHORITY

P.O. BOX 906 POLACCA, ARIZONA 86042 FAX: (928) 737-9270 PH: (928) 737-2800

APPLICATION FOR SANITATION EQUIPMENT CARES PROJECT 2020-26



Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

Village Affiliation: _____ Clan: _____

Telephone# where you can be contacted: (H) _____ (C) _____ (must be a reliable #)

Email Address: _____

Which are you applying for Porta John Wash Station

Have you ever participated in an HTHA housing program? Yes No

If Yes - what program: _____ When? _____

Do you have any delinquency or outstanding balance with HTHA? _____

1. Family Composition

A. Persons who live in your home (Including yourself, must have legal custody)

Family Member	Name(s) of Your Family members	Relationship to Applicant	Date of Birth/Age	Sex (M or F)	Social Security Number*	Hopi Enrollment #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

*Social Security number is required for all household members.

2. Family Income (for next 12 months)

A. Income from employment

Family Member	Employer Name(s), Address, and Phone Number	Hourly Rate	Estimated Income Per Month	Total Annual Income
1.				
2.				
3.				
4.				

B. Other Income (provide current year award letters/statements)
(for additional family members use back of paper)

Source	Rate Per Month	Total Per Year
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Own Business	\$	
Contributions	\$	

C. Other sources of income include alimony, relief, service allotments, assistance from relatives, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.

Source	Rate Per Month	Total Per Year
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

D. Please attach copies of the most recent IRS 1040 forms and/or the most recent pay stubs (2 pay periods) for all applicable members of the family, or any other document that will substantiate your income.

3. Present housing condition

A. Do you own the home? _____ Yes _____ No

B. If you do not own the home, who is the homeowner? _____

C. Do you have running water? _____ Yes _____ No

If needed, please explain: _____

D. What is the physical address of the home (Include a map or drawing)?

MAP (if map not attached, draw location of residence)

4. Signature and consent to release information

I understand that this application is not a contract and is not binding in any manner. This application is not a guarantee services will be provided but rather used to determine the eligibility of this program. I hereby authorize the HTHA to obtain any and all information necessary for the purpose of verifying the statements made above. I further understand with the penalty of perjury that all information provided is true and accurate.

Applicant Signature

Date

.....
FOR OFFICE USE ONLY:

Date application received by the HTHA _____

Signature of HTHA employee receiving application: _____

DISPOSITION:

Eligibility: _____

Ineligibility (state reason): _____

Signature/Date of Resident Service Specialist _____

Executive Director CERTIFICATION:

APPROVED _____ DISAPPROVED _____

Signature: _____

