



THE NAVAJO NATION
DIVISION OF COMMUNITY DEVELOPMENT
COMMUNITY HOUSING AND INFRASTRUCTURE DEPARTMENT
WEATHERIZATION ASSISTANCE PROGRAM


Post Office Box 2389
Window Rock, Arizona 86515
Tel: 928.729.4290, 1.800.321.3189 Fax: 928.729.4288

Joe Shirley, Jr.
President
Ben Shelly
Vice President
Arbin Mitchell
Division Director

MEMORANDUM

TO: CHAPTER OFFICIALS and CHAPTER SERVICES COORDINATOR

FROM:


Chavez Johns, Department Manager III
Community Housing and Infrastructure Department
Division of Community Development

DATE: August 18, 2009

SUBJECT: Revised Application for the ARRA Weatherization Application Requirements

The Navajo Weatherization Assistance Program (NWAP) is continuing to accept application(s) for projects under the American Recovery and Reinvestment Act (ARRA) of 2009, to improve energy efficiency to household and create jobs to stimulate the economy. Attached is copy of the newer version of the NWAP-ARRA application and could be downloaded at www.nnchid.org. The application has been revised to reflect Department of Energy requirements. If applicants already submitted an application on the old form they do not need to resubmit a new one.


The requirements are limited to the following information:

- Completed Application along with map
- Identification such as SS Card, Driver License, Family Card, etc.
- Most Current Utility Bill
- Referral or statement
- Source of Income

To expedite the process, NWAP is requesting your assistance in distributing the NWAP application to local community members. Please convey to the applicant that the application should be complete and all require documents attached. NWAP will continue to accept application until further notice. Each application will be evaluated on a first come first serve basis. Final approval will be determined and applicant will be notified by the NWAP.

If you should have any questions, please contact the WAP Office at 928.729.4290.

CONCURRENCE:


Arbin Mitchell, Executive Director
Division of Community Development



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August 18, 2009

ATTENTION: Potential DOE-Weatherization Assistance Applicants

**SUBJECT: WEATHERIZATION ASSISTANCE PROGRAM APPLICATION
DEPARTMENT OF ENERGY-AMERICAN RECOVERY AND REINVESTMENT
ACT (ARRA)**

The Navajo Weatherization Assistance Program (NWAP) is currently continuing to accept the revised application(s) for projects under the American Recovery and Reinvestment Act (ARRA) of 2009, to improve energy efficiency to household and create jobs to stimulate the economy. Currently you can go the Community Housing and Infrastructure Department website at www.nnchid.org for additional information.

The purpose is to reduce energy housing expenditure for heating and cooling cost to dwelling units and to improve the health and safety for low-income Navajo families. The ARRA grant funding may provide eligible Navajo individual or family with energy efficient measures, not limit to the following activities: repair or replacement of windows and doors; weather-strip doors and windows; caulking; insulation of walls, floors and ceilings; water heater blanket; replacement of wood burning stove, pipes; installation of chimney kits, etc.

To expedite the process, NWAP is requesting you to provide a completed application along with verification of the following documents: a copy of you most recent check stub from your source of income; copy of any identification such as SS Card, Driver License, Family Card, etc; a copy of your most recent utility bill; and any referral from your medical provider on disability. It is your responsibility to submit a complete application with all required documents. Application will be evaluated and approved on a first come first serve basis and you will be notified in writing by the NWAP as to the determination.

Application should be mailed to:

Navajo Weatherization Program
P.O. 2389
Window Rock, Arizona 86515

Or hand carried to:

Community Housing and Infrastructure Department
Adm. Building #2, Second Floor
Window Rock, Arizona

If you should have any questions, please contact the WAP Office at 928.729.4290.

COMMUNITY HOUSING AND INFRASTRUCTURE DEPARTMENT

NAVAJO WEATHERIZATION ASSISTANCE PROGRAM

DEPARTMENT OF ENERGY-AMERICAN RECOVERY AND REINVESTMENT ACT

Post Office Box 2389, Window Rock, Arizona 86515

Fort Defiance Chapter Compound, Building # F004007

Phone (928) 729-4290 Toll Free 1 800-321-3849

Fax (928) 729-4288

COVER SHEET

Welcome to Community Housing and Infrastructure Department (CHID), Navajo Weatherization Assistance Program (NWAP). NWAP, through funding from Department of Energy (DOE), assists low-income families throughout the Navajo Nation to reduce heating and cooling cost for low-income families, particularly for the elderly, people with disabilities, and children, by improving the energy efficiency of their homes.

THE FOLLOWING CHECK LIST ARE REQUIRED

DATE RECEIVED:

_____ FORM: NWAP Application (All questions must be answered, completed, and signed)

DOCUMENTS REQUIRED TO BE ATTACHED

_____ Photo Identification (i.e. Id. Card, Driver License, SS Card of Applicant)

_____ Utility Bill: (Need a copy of a billing statement, not payment receipt and/or statement from other heating sources)

_____ Referrals: A written evaluation or statement indicating disability from your physician, social worker, community health representative, and/or other entity, if applicable.

_____ Income Verification: Copy of check stubs, W-2, Social Security (SS), Supplementary Security Income (SSI) checks or statement, Temporary Assistance for Needy Families(TANF)and/or Food stamp/Food Distribution statement is required to be attached.

_____ Map: (Draw directions to the dwelling unit of your home)

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CLIENT APPLICATION

A. APPLICANT:

Applicant's Name: _____	Soc. Sec. #: _____
Address: _____	City: _____
State: _____	Phone #: _____
Zip Code: _____	Chapter Enrollment: _____
Have you ever received weatherization Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When: _____	

B. FAMILY COMPOSITION: (Household Members including Applicant)

NAME OF FAMILY MEMBERS: (Include Applicant)	DATE OF BIRTH Mon.- Day - Yr.	Age	Relationship	Client Characteristics:					Source of Income	Annual Income
				Elderly	Disabled	Child	Unemployed	Employed	Employment, social security, railroad retirement, unemployment compensation, annuity payments, etc.	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Note: An elderly person is a person 60 years of age or older (10 CFR 440.3). Determination of whether a resident in the household is handicapped can be made in any of the following ways: 1) They provide a copy of a letter from the Veteran's Administration that is a percentage of disability letter, or 2) The Social Security benefit verification letter under section I(e)(10) indicates payment are for disability; or, 3) Written determination from a Federal, State or other agency providing assistance for handicapped person; or, 4) The Sub grantee observes a visible handicap.

Office Use Only:	Elderly	Disabled	Children	Native American
Presently income qualifies for a household of _____ is _____				
Eligible _____ Reason for eligibility: _____				
INTAKE WORKER'S SIGNATURE: _____				DATE: _____

C. INTENT FOR LABOR COMMITMENT:

Upon Eligibility, I/We _____ of _____ chapter will be responsible to obtain labor for my/our project to install the weatherization material. I/We will commit to completing this project in a timely manner from the date of the Award Letter. I/We will pursue labor from:

Chapter Public Employment Program
 Extended/Family Members
 Friends
 Church Group
 Job Corp.
 Non-Profits: (please specify) _____
 Other:(please specify) _____

D. CURRENT FAMILY RESIDENCE STATUS:

Type of Residence:
 Do you own your home? Yes No What is the approximate age of your home? _____
 The home I live in is: Mobile Home House Cabin Hogan NHA House

Home ownership may be verified through:
 Home site Lease Land Use Permit Grazing Permit Other: _____

Type of Primary Heating Fuel: Fuel that provides the most space heat in the home. (Check one only)
 Wood/Coal Kerosene Natural Gas Propane Electric Other: _____

Type of Heating System: (Check all that apply) Wood/Coal Forced Air Furnace
 Electric Baseboard Heat Space Heater Pellet Stove Other: _____

E. CERTIFICATION OF RESIDENCY:

I / WE _____, certify that I/we am/are the owner(s) of the property at

 (Project Location; residence house number, etc.)
 of the _____ Chapter.

CHAPTER CERTIFICATION

I, as a Chapter Official/Employee of _____ Chapter and with vested authority to act on community matters, have reviewed the information stated above which is correct to the best of our knowledge and hereby certify this document accordingly on this _____ day of _____, 20____.

Chapter Official and/or Community Service Coordinator's Signature: _____
 (Name and Title)

F. APPLICANT CERTIFICATION AND AGREEMENT:

1. I/We subscribe and affirm that the information provided to the Navajo Weatherization Assistance Program on this application, including statements are true and correct to the best of my/our knowledge .
2. Prior to any weatherization work, I/We agree to notify the Program of any changes in this application. I/We understand that by signing this application, I/We consent to waive the provision of the Privacy Act to verify or confirm my eligibility
3. I/We certify that no household member holds a Temporary Resident Status granted under section 245A or 210A of the Immigration and Nationality Act as amended under the Immigration and Control Act of 1986 (Public Law 99-603).
4. I/We will not be held liable for any injury or damage occurring on my property which is not a result of my negligence or malfeasance. I/We certify that I have given my/our permission to allow work and monitoring on the property listed in this application.
5. I/We understand that this information will be used in determining eligibility for the program and will not grant assistance
6. I hereby give permission to enter these premises for the purpose of conducting and energy audit and having my home

Signature: _____ Date _____
 Head of Household (Applicant)

Signature: _____ Date _____
 Spouse (Co-Applicant)

Witness: (if unable to sign) _____ Date _____

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STATEMENT OF REFERRAL

I hereby provide a statement of referral for _____ who is applying for Weatherization Assistance to provide energy saving measures for his/her dwelling unit. This referral will be used to determine the eligibility of the applicant as a disable person. Please describe any disabilities the applicant may have.

STATEMENT: _____

I hereby certify that the referral I made is accurate to the best of my ability and will only be use to determine eligibilty of the applicant.

PERSON MAKING REFERRAL: _____ DATE: _____
(Signature)

PRINT NAME: _____ TITLE _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

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MAP TO HOME

Draw directions to the actual project site location. (i.e., include highway numbers, route numbers, mile post markers, significant land marks, distance between places, etc.)

APPLICANT NAME: _____ CHAPTER: _____

A large empty rectangular box for drawing directions. The letters N, S, E, and W are placed at the top, bottom, right, and left sides respectively.