

Ts'ah bii kin Veteran Association

Name of Veteran: _____

Name of Applicant: _____

CHECKLIST OF REQUIRED DOCUMENTS INFRASTRUCTURE / HOME IMPROVEMENT ASSISTANCE:	FOR	Reviewed by Veterans Association	Reviewed by OS	Approved for Payment By CSC
_____ 1 Have you received any Ts'ah bii kin Veteran Association Assistance before? <input type="checkbox"/> No <input type="checkbox"/> YES, WHEN? _____				
_____ 2 DD214 or Affidavit of Service				
_____ 3 Voter Registration Card of Ts'ah bii kin Chapter (Veteran or Spouse)				
_____ 4 Veteran Association Infrastructure/Home Improvement Assistance Application				
_____ 5 Income Statement				
_____ 6 Authorization of Release of Information				
_____ 7 Verification of Residency or Homesite Lease				
_____ 8 Map to place of residency				
_____ 9 Social Security Card				
_____ 10 Certificate of Indian Blood (Veteran or Spouse)				
_____ 11 Floor Plan (if applicable)				
_____ 12 Picture of Home (if applicable)				
_____ 13 Material Listing (if applicable)				
_____ 14 Marriage License (when Veteran's spouse is the applicant)				
_____ 15 Three quotes				

I, hereby certify that this application was reviewed at a duly called Association Meeting held on _____ and passed by the Association.

Veteran's Association Official

Date

**APPLICATION
FOR
FUNDING ASSISTANCE**

TYPE OF ASSISTANCE REQUESTING:

Burial Hardship/Travel (Med) Infrast/Home Impr Energy Assistance

VETERAN'S NAME: (Last, First, Middle)

SOCIAL SECURITY NUMBER:

CENSUS NUMBER:

DATE OF BIRTH (ddmmyyyy)

MALE

FEMALE

PHYSICAL ADDRESS: (Direction to residence, City, State)

MAILING ADDRESS: (Box, City, State, Zip Code)

HOME PHONE:

CELL PHONE:

WORK PHONE:

MESSAGE PHONE:

EMAIL ADDRESS:

SPOUSE'S NAME: (Last, First, Middle)

SOCIAL SECURITY NUMBER:

CENSUS NUMBER:

DATE OF BIRTH (ddmmyyyy)

MALE

FEMALE

ASSOCIATION:

AGENCY:

COUNTY:

NAMES OF PERSON(S) CURRENTLY LIVING IN THE HOUSEHOLD:

INCOME INFORMATION OF ALL PERSONS OVER 18 YEARS OF AGE LIVING IN THE HOUSEHOLD BEGINNING WITH APPLICANT'S INCOME

TOTAL ANNUAL INCOME:

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Ts'ah bii kin Veteran Association to verify the information given in my Ts'ah bii kin Veteran Association Assistance application. Further, I hereby release all persons and organization from liability for providing legally-relevant information in connection with my Ts'ah bii kin Veteran Association Assistance application.

Signautre of Applicant

Date

Signautre of Co-Applicant (If applicable)

Date