

SAN JUAN SOUTHERN PAIUTE TRIBE



HOUSING ASSISTANCE APPLICATION PACKET

*Approved by Tribal Council Resolution No. 2019-03 dated January 18, 2019;
Amended by Resolution No. 2023-037 dated July 7, 2023;
Amended by Resolution No. 2026-016 dated April 14, 2026*

SAN JUAN SOUTHERN PAIUTE TRIBE

Mail to:
P.O. Box 2950
Tuba City, AZ 86045

Physical Address:
67 NW Maple St.
Tuba City, AZ 86045
(928) 212-9794 ~ (928) 233-8948 fax

www.sanjuanpaiute-nsn.gov

IMPORTANT INFORMATION – PLEASE READ

The Housing Assistance Program of the San Juan Southern Paiute Tribe is governed by the requirements of Title 8, Chapters 1 and 2 of the San Juan Southern Paiute Tribe Law & Order Code (“Code”). A copy of Title 8 of the Code can be reviewed on the Tribe’s website at www.sanjuanpaiute-nsn.gov or can be obtained upon request to the Tribal Administration Office.

The Housing Assistance Program provides various types of housing assistance to Tribal Members who submit a complete Housing Assistance Program Application (Application) and who meet the established criteria for the Program in accordance with the Tribal Law & Order Code and the San Juan Southern Paiute Tribe Housing Assistance Program Handbook (Handbook). This Housing Assistance Application Packet is part of the Handbook. A complete copy of the Handbook can be obtained upon request to the Tribal Administration Office. *Please note that the Code, the Handbook and this Application Packet may be updated from time to time. Prior to making an Application for Housing Assistance, you should make sure that you are using the current version of the Code, Handbook and Application Packet.*

The Housing Assistance Program is funded each year as part of the overall Tribal Budget and funding is limited from year to year. The review of your Application will be categorized by the type of Housing Assistance you are requesting (e.g. repair, renovations, accessibility, etc.). The type of assistance offered by the Tribe to provide safe and adequate housing for Tribal Members, if any, may not necessarily be the type of assistance initially requested by the Applicant.

Housing Assistance may be denied if:

- You do not meet the qualifications for assistance;
- Sufficient funds are not available in the Program Budget or providing the requested assistance would result in the expenditure of a significant amount of the Program Budget that would prevent the Tribe from fulfilling a sufficient number of other Tribal Member requests for Housing Assistance;
- A more efficient and reasonable means of achieving safe and adequate housing is available;
- Achieving the requested Assistance is impractical or unlawful;
- The Tribe lacks the necessary resources to provide the requested Housing Assistance in a safe and adequate manner; or
- You have a more recent history of receiving Housing Assistance from the Tribe than other Applicants;
- For any other non-discriminatory reason.

IMPORTANT NOTICE:

Receiving assistance from an approved Tribal Assistance Program could impact your ability to qualify for or receive other benefits or assistance from the state or federal government. Please check with your local agency providing state or federal benefits to determine the impact, if any, of receiving assistance from an approved Tribal Assistance Program.

TRIBAL LAW & ORDER CODE
TITLE 8, CHAPTER 1, SECTION 307
APPEALS AND REMEDIES

§ 307 Appeals and Remedies.

- A. Right to Appeal. Any Applicant who has submitted an Application or any Beneficiary of Assistance shall have the right to appeal to the Tribal Court of the San Juan Southern Paiute Tribe, provided that the Tribal Court shall only have jurisdiction to address appeals alleging that the Constitution and/or the Law & Order Code has been violated.
- B. Where to File the Appeal. All appeals shall be filed with the Tribal Court pursuant to the appeal procedure established in Title 5 of the Law & Order Code.
- A. When to File Appeal. All initial appeals pursuant to this Article shall be filed within 30 days of the receipt of a notice informing the Applicant that their Application for assistance under a Tribal Program pursuant to this Title has been rejected or within 30 days of an alleged violation of the Tribal Constitution and/or the Law & Order Code.
- B. Remedies. With regard to appeals made pursuant to this Section, the Tribal Court shall have the jurisdiction to order compliance with the Tribal Constitution and/or Law & Order Code. Decisions of the Tribal Administration or Tribal Council shall only be set aside if arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.

[Legislative History: Enacted by Resolution No. 2018-72, 10/5/2018]

NOTICE:
INCOMPLETE APPLICATIONS WILL NOT BE
PROCESSED

If you do not submit a complete application:

1. A Notice will be mailed to you that informs you that your application is incomplete and it will request that you submit the items needed to complete the application.
2. If you do not provide a response within 30 days from the date of the notice, the Application shall be automatically dismissed. Any original documents will be mailed back to you at the last address provided on the application.
3. If your application is automatically dismissed for failure to timely submit the requested documentation, you will be required to submit a new application with all the appropriate documentation in order to reapply for Assistance.

ALL APPLICATIONS MUST BE SUBMITTED TO:

By Mail:

San Juan Southern Paiute Tribe
ATTN: Housing Assistance Application
P.O. Box 2950
Tuba City, AZ 86045

By Hand Delivery:

San Juan Southern Paiute Tribe
ATTN: Housing Assistance Application
67 NW. Maple St.
Tuba City, Arizona 86045

You are responsible for ensuring that your application documents are delivered to the Tribe. It is recommended that if you are mailing your documents that you send them by Certified Mail – Return Receipt Requested or by Federal Express.

TO TRACK THE PROGRESS OF YOUR APPLICATION,
CONTACT THE TRIBE AS FOLLOWS:

By Mail:

San Juan Southern Paiute Tribe
ATTN: Tribal Administrator
P.O. Box 2950
Tuba City, AZ 86045

In Person:

San Juan Southern Paiute Tribe
ATTN: Tribal Administrator
67 NW. Maple St.
Tuba City, Arizona 86045

Phone: 928-212-9794
Fax: 928-233-8948
Email: t.talaswaima@sanjuanpaiute-nsn.gov

HOUSING ASSISTANCE APPLICATION CHECKLIST:

Use this Checklist to make sure you have submitted all required documentation with the Application.

- Housing Assistance Application**
 - Complete, sign and date the Housing Assistance Application. Note: There are two places to sign the Application.

- Household Member Addendum**
 - Complete a Household Member Addendum for each person who lives in your household over the age of 18.

- Authorization and Consent to Release of Information for Tribal Assistance Programs**
 - Complete the Authorization and Consent to Release of Information and sign before a notary.

- Income Information**
 - Provide documents that verify all of the sources of income you stated in the Application. Such documentation may include, but not be limited to: summaries of benefits for TANF, SSI, SSDI, Social Security, and Court orders for child support, etc.

- For Current Homeowners**
 - Proof of Ownership of Dwelling: Applicant must attach a copy of proof of ownership to the Application. If Applicant does not have a document that proves ownership, Applicant must provide a written explanation of how he or she owns the dwelling and a determination will be made by the Tribal Council in its discretion if adequate proof of ownership has been provided.

 - Proof of Right to Use Land: Applicant must attach a copy of the document showing that the Applicant has a right to occupy and use the land on which the home is located (*e.g. Deed, Homesite Lease, Trailer Park Lease, etc.*). If Applicant does not have a document that shows the right to use or occupy the land, Applicant must explain how he or she has the right to occupy the land and a determination will be made by the Tribal Council in its discretion if adequate proof has been provided.

- For Renters**
 - Applicant must provide a copy of the Rental Application, Lease Agreement, a letter from the landlord or property manager or other supporting document which shows the basic terms of the lease, and rental rates.
 - Applicants may request Rental/Down Payment Assistance one (1) time every three (3) years.

- Copy of Driver's License or State Issued Identification Card**
 - Provide a copy of your driver's license or state issue identification card. If you do not have one of these, provide a copy of your Tribal Identification Card.

- For Rehabilitation, Repair or Renovation, Housing Accessibility, Weatherization, and Driveway Repair Assistance Requests**
 - Attach documents that support the request for assistance which may include, but not be limited to, photographs of damage or disrepair to a dwelling, contractor/labor estimates, list of materials and estimated cost of materials, etc.
 - Inspection(s) of the dwelling will likely be required by the Tribe to confirm the need for assistance, to obtain an estimate, and to determine a proper course of action to address the request for assistance.

- Other Supporting Documents**
 - The Tribe may request additional supporting documents or information from Applicant based upon the type of request and information provided in the Application.

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FOR OFFICIAL USE ONLY

Date Rec'd: _____

Rec'd By: _____

HOUSING ASSISTANCE APPLICATION

Approved by Tribal Council Resolution No. 2023-038 dated July 7, 2023;

Amended by Resolution No. 2026-016 dated April 14, 2026

Fill out application entirely and complete in black or blue ink only.

SECTION 1: APPLICANT INFORMATION

Biographical Information			
Full Name (First Middle Last):			
Maiden Name or Other Names:			
Date of Birth: ____/____/____	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: City:		State:	
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			
Social Security #: _____ - ____ - _____		Tribal Enrollment #:	
Driver's License or State ID #:			State of Issue:
Mailing Address (P.O. Box or Street):			
City:		State:	Zip Code:
Physical Address (if no street address, provide major cross streets / intersections):			
City:		State:	Zip Code:
Home Phone: () -		Cell Phone: () -	
Email Address:			
Emergency Contact Name:			Phone: () -

Employment Information	
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
If YES, name of employer and job title:	
Address of employer (if any):	
How long have you been at this job?	
If NO, how long unemployed:	

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Current Income and Tax Information	
Wages earned from employment (before taxes):	\$ _____ / per month
Welfare/TANF assistance:	\$ _____ / per month
Court ordered child support:	\$ _____ / per month
Social Security Benefits:	\$ _____ / per month
Type of Social Security Benefits (retirement, SSDI, SSI):	
Unemployment benefits:	\$ _____ / per month
All other income from any other source(s):	\$ _____ / per month
Name(s) of other source(s) of income including per capita:	

Provide documents that verify all of the sources of income you stated in the Application. Such documentation may include, but not be limited to: summaries of benefits for TANF, SSI, SSDI, Social Security, and Court orders for child support, etc.

SECTION 2: CURRENT HOUSING INFORMATION

Housing Information			
What is your current housing status? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family/Friends <input type="checkbox"/> Public Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____			
If you OWN your home:	Monthly Mortgage Payment (if any): \$ _____		
If you RENT your home:	Monthly Rent: \$ _____		
If you live in PUBLIC HOUSING:	Monthly Rent (if any): \$ _____		
If you are HOMELESS, how long have you been homeless? _____ years _____ months			
If you PAY RENT, does anyone else help you pay the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, how much is the total rent? \$ _____ How much do <u>you</u> contribute to the rent? \$ _____			
Is your current housing: <input type="checkbox"/> Frame/Block House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> RV <input type="checkbox"/> Mobile/Trailer/Manufactured Home <input type="checkbox"/> Other: _____			
# Bedrooms:	# Bathrooms:	Year Built:	Square Feet:
Is your current residence located within 150 miles of Tuba City, Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your current housing in a trailer park? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, where?: _____	
Is the land where your current residence is located on a Reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, name of Reservation: _____			
If your home is on a Reservation, do you have a homesite lease or lease for the land (e.g. trailer park) where your current residence is located? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Location of Residence: For Applicant's without a physical address for their residence, use the space below to map the location of your primary residence showing major cross streets / intersections:

Do you OWN any other dwellings other than your primary residence (e.g. another trailer, mobile or manufactured home, house, RV)? Yes No

If YES, please identify the type (trailer, mobile or manufactured home, house, RV, etc.), location (physical address or location), condition (good, fair, poor, unlivable, etc.) and how you came to own each additional dwelling (inherited, purchased, provided by Tribe, etc.):

If YES, does anyone live in any of your additional dwellings? Yes No

If YES, provide the name(s) of the individual(s) living in each of the other dwellings:

If YES, do the individual(s) who reside in your additional dwelling(s) pay rent for living there?
 Yes No

If YES, how much do they pay: \$ _____

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SECTION 3: HOUSEHOLD MEMBER INFORMATION

**Household Member Information
For Household Members Over the Age of 18**

For each member of your household over the age of 18, please fill out a **HOUSEHOLD MEMBER ADDENDUM** (*provided at the end of this Application*) and submit with this Application. Household Members include those who permanently live with you at your current residence. They may also include those who are **temporarily absent** from the home due to school, work or medical reasons, but who can demonstrate that the residence is their intended permanent home. For each member of your household under 18 fill in the information below.

**Household Member Information
For Household Members Under the Age of 18**

Name	Date of Birth	Member of SJSPT
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: TYPE OF HOUSING ASSISTANCE REQUESTED

HOUSING REHABILITATION, REPAIR OR RENOVATION – Repairs that include health and safety items, such as: water, septic/sewer, electrical, plumbing, roof, heat & air, cabinets, pest control, and/or floor covering to prevent a safety/tripping hazard, etc. **Requests for Rehabilitation, Repair or Renovation shall not exceed \$2,000. Applicants requesting assistance in obtaining materials necessary for Rehabilitation, Repair or Renovation must attach an itemized list of materials and estimated cost of each item, along with any other required documentation listed in the Housing Assistance Application Packet.*

Describe your need: _____

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NEW HOUSING ASSISTANCE **NOT CURRENTLY AVAILABLE****** – New housing for (1) Tribal Members without a current home, (2) Tribal Member adults living with relatives due to lack of available housing, (3) replacement of a home that is otherwise unsuitable for living and/or where repairs or renovations would exceed the cost of new housing. **The Tribe may establish assistance rates that are not to be exceeded for new housing assistance in order to accommodate suitable housing for a maximum number of participants. Full or partial assistance arrangements for housing may be made depending on the circumstances of each individual.*

Describe your need: _____

For Applicants Requesting New Housing **NOT CURRENTLY AVAILABLE** <i>***Fill Out this Section <u>ONLY</u> If You Are Requesting Assistance for a New Home***</i>	
Where would you prefer your new home to be located?	
Is this location within 150 miles of Tuba City, Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you agree that this new home would be your primary residence where you live for at least seven (7) years absent good cause for moving? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have the financial ability to maintain the home in good repair if you receive it? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WEATHERIZATION & ENERGY CONSERVATION – Provides weatherization and energy conservation such as: window replacement, insulation sealing, weather stripping, etc. **Requests for Weatherization & Energy Conservation shall not exceed \$2,000. Applicantss requesting assistance in obtaining materials necessary for Weatherization & Energy Conservation must attach an itimized list of materials and estimated cost of each item, along with any other required documentation listed in the Housing Assistance Application Packet.*

Describe your need: _____

HOUSING ACCESSIBILITY – Provides accessibility ramps, structural modification, structural assistive devices, or other items needed to allow individuals better mobility and use of their home.

Describe your need: _____

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DRIVEWAY REPAIR – Improved access to driveways or sidewalks for health and safety purposes or for medical necessity.

Describe your need: _____

RENTAL DEPOSIT/DOWNPAYMENT ASSISTANCE – Assistance to help pay a rental deposit or downpayment for a dwelling where the Applicant will reside for one (1) year or more. This assistance will only be available one (1) time in any three (3) year period. This assistance is limited to 65% of the requested assistance, or a maximum of \$1,500, whichever is less. *If requested assistance is related to attending higher education, apply under Education Assistance Program. If requested assistance is related to relocation for employment, apply under Job Assistance Program.*

Describe your need: _____

OTHER – Other housing assistance.

Describe your need: _____

SECTION 5: PREVIOUS ASSISTANCE and CONFLICT OF INTEREST STATEMENT

Previous Assistance and Conflict of Interest Statement
Have you or any member of your household ever received housing assistance from the San Juan Southern Paiute Tribe, another Tribe or Tribal Housing Authority, a federal, state, or local public housing authority such as HUD, or Veteran’s Affairs? <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
If YES, in what year(s) was housing assistance provided:
If YES, describe the housing assistance provided:

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**AGREEMENT AND AUTHORIZATION TO SAN JUAN SOUTHERN PAIUTE TRIBE
FOR RECOVERY OF ASSISTANCE PAYMENTS FROM OTHER SOURCES OF
TRIBAL INCOME FOR VIOLATION OF TERMS AND CONDITIONS OF
ASSISTANCE PROGRAM**

I understand and agree that in the event I violate the requirements of the Housing Assistance Program, that the San Juan Southern Paiute Tribe is authorized to garnish any future sources of income that are due to be paid to me by the Tribe, including, but not limited to, wages, stipends, reimbursements, and/or per capita payments, to recover the value of any assistance provided to me by the Tribe under this Program. By signing, I am providing advance authorization to the Tribe to garnish such payments in the event the Tribal Court determines that I have violated the requirements of the Housing Assistance Program and has set an amount that is due and payable by me to the Tribe.

Signature of Applicant

Date

PRIVACY ACT NOTICE

THE INFORMATION PROVIDED IN THIS APPLICATION IS TO BE USED BY THE SAN JUAN SOUTHERN PAIUTE TRIBE OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PARTICIPANT OR BORROWER UNDER THE ASSISTANCE PROGRAM. IT IS NOT TO BE DISCLOSED TO ANY OUTSIDE AGENCY EXCEPT AS REQUIRED OR PERMITTED BY LAW. THE INFORMATION PROVIDED IN THIS APPLICATION MAY BE AGGREGATED BY THE TRIBE WITH OTHER TRIBAL DATA FOR STATISTICAL INFORMATION AND ANALYSIS PURPOSES.

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HOUSING ASSISTANCE APPLICATION**

**HOUSEHOLD MEMBER ADDENDUM
TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18**

RESIDENT # ____ *[insert number]*

Biographical Information	
Full Name (First Middle Last):	
Relationship to Applicant:	
Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled Member of San Juan Southern Paiute Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Tribal Enrollment Number?	
Enrolled Member of another Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, name of other Tribe?	
Is this Resident Temporarily Absent from the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, state reason why absent: _____ Date of expected return: _____	
Employment Information	
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
If YES, name of employer and job title:	
If NO, how long unemployed:	
Income Information	
Wages earned from employment (before taxes):	\$ _____ / per month
Welfare/TANF assistance:	\$ _____ / per month
Court ordered child support:	\$ _____ / per month
Social Security Benefits:	\$ _____ / per month
Type of Social Security Benefits (retirement, SSDI, SSI):	
Unemployment benefits:	\$ _____ / per month
All other income from any other source(s) including per capita:	\$ _____ / per month
Name of other source(s):	