## COMMUNITY HOUSING & INFRASTRUCTURE DEPARTMENT Restoration & Assessment Application

PO Box 2389, Window Rock, AZ 86515 Phone: (928) 871-6468 Fax: (928) 871-7418

Website: www.nndcd.org

Email: admin@nnchid.org

Date & Time:			
(When requests are received, they are time stamped and used it to pr	ioritize our waiting list)		
Name:			
First	MI	Last (Sr., Jr., III, etc.)	
Mailing Address:			
(PO Box #; HCR # Box #; General Delivery, etc.)	(City)	(State)	(Zip)
Physical Address:(Conoral I	ocation of Your Home Site)		
	ocation of Your Home Site)		
(if no home or cell phone, please enter: N/A)			
Home Phone #: ()	Cell #: <u>(</u>	)	
Message #: ()			
Email Address:			
What <b>Chapter</b> do you Vote or Registered in?		If a non-vot	er, check
Are you a Veteran?YesNo Do you have a Home Site Lease?Yes Do you have materials to renovate/build home?	No Yes No		
Tell Us Your Structure's Description (Renovation Only):			
(Circle Your Home  →) (X) Color of Mobile Home: (Single / Double)  House (Rental / NHA / Single Family)  Hogan Other (Dupley Apt., etc.)	of Structure & Roof		
Please Draw / Describe Site Location (Spec	_	ing) on backside of	f nago
riease Diaw / Describe Site Location (Spec	inc mstructions of Drawi	ing) on backside of	page.
(For NN Restoration	n & Assessment Staff Onl	v)	
IN-TAKE DATE: STA		<del></del> '	
Qualifications: Veteran Homeless Bu	rn-Out		
Which Chapter is home located?		ve a homesite leas	
Incoming: Walk-in: Faxed in: Emailed in:	Phone: OP	VP Referral:	

## Please Draw / Describe Home Location on this page:

possible. You are welcome to provide Latitude & Longitude coordinates as well. Please use the "N" for North when orientating and drawing your map. Please **DO NOT** turn page upside down. Any additional information / directions: \_\_\_\_\_ Please specify other family members in your household by name and age: 3. \_\_\_\_\_ 4. \_\_\_\_\_

\*Please provide main road/highway name and number along with any Mile Marker/Post and very detailed as