

INDIAN WELLS VETERANS ORGANIZATION
Indian Wells Chapter-District #07

Veterans Financial Request Check-off List

1. DD214 OR DD215 _____
2. Certificate Of Indian Blood (CIB) _____
3. Voters Registration Verification _____
4. Vendors Price Quotations (3 Quotes) _____
5. Hospital Appointment List for Travel Request _____
6. NTUA Bills For referrals ONLY to Agency Office _____
7. Traditional Ceremony Fund Request _____
(Shall have the following information)
 - Medicine man or Practitioner's Name
 - Address
 - Social Security Number
 - Date of Ceremony
8. Other Funding Request (Explain) _____

**THE NAVAJO NATION
Indian Wells Chapter
VETERANS FUND USE REQUEST**

PLEASE PRINT LEGIBLY AND PROVIDE ALL REQUESTED INFORMATION INCLUDING ANY SUPPORTING DOCUMENTS

Date of Request: _____			
Applicant's Name _____		Census No.: _____	Social Security No.: _____
Chapter Voter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address: _____			
Type of Request – Check One and Provide Dollar Amount Requested:			
<input type="checkbox"/> Personal Travel Expenses – <u>Complete Section A</u>	Dollar Amount Requested: \$ _____		
<input type="checkbox"/> Traditional Ceremony - <u>Complete Section B</u>	Dollar Amount Requested: \$ _____		
<input type="checkbox"/> Building Materials/Supplies – <u>Complete Section C</u>	Dollar Amount Requested: \$ _____		
<input type="checkbox"/> Other – <u>Complete Section D</u>	Dollar Amount Requested: \$ _____		

Section A – Personal Travel (ATTACH APPOINTMENT SLIP/DOCOTR'S ORDER/DOCTOR'S STATEMENT)

Purpose for Travel: _____	
Date of Departure: _____	Date of Return: _____
Itinerary: _____	
Personal Vehicle Use – Estimated Miles: _____ Lodging – Estimated Nights Stay: _____ Meals – Estimated Number of Days: _____	
Other Costs/Expenses – Itemize and Provide Estimated Dollar Amount: _____	

Section B – Traditional Ceremony

Type of Ceremony: _____	Number of Days: _____
Name of Medicine Person/Traditional Healer: _____	
Anticipated Ceremony Start Date: _____	
Estimated Retainer Cost: \$ _____	
Other Costs/Expenses – Itemize and Provide Estimated Dollar Amount: _____	

Section C – Building Materials/Supplies

Exact Location for Dwelling Unit (Provide Directions, House Description, and Map on Separate Sheet of Paper): _____	
Type of Dwelling Unit: _____	Number of Days: _____
Size: (Width): _____ (Length): _____ (Height): _____	
Does the Applicant have ownership of the dwelling unit?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
If not, who is the owner of the dwelling unit? _____	
Provide a description of how the requested funds will be used to address the problems you are having with the dwelling unit? _____	
To your knowledge. Have you ever received any assistance from any source to address the problems you are having with the dwelling unit?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes – Indicate amount: \$ _____ Source: _____	
Other than the dwelling unit for which you are requesting funds, do own any other dwelling unit not occupied by your family?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes – Where is the dwelling unit located: _____	
Who is occupying the dwelling unit: _____	

Provide the following list of building materials and supplies that is needed to correct the problems you are having the dwelling unit for which funds are being requested:

Item	Description	Quantity	Unit Cost	Total Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Section D. Other

For what purpose is the use of Veterans Fund being requested:

How will the approved fund be used:

Have you applied for other public or tribal assistance or received funding assistance from the Navajo Nation Speaker's Office, Navajo Nation Office of the President/Vice-President, or Navajo Nation Council Delegate discretionary funds, for the purpose stated herein?

- No
- Yes – Indicate Amount: \$ _____ Date: _____
 Name of Entity/Agency: _____
 Address: _____
 Contact Person: _____ Telephone Number: _____

I hereby certify that the information provided on this Veterans Fund Use Request is true, correct and complete and that any chapter funds provided is for my use and the purpose stated herein: misuse or abuse of the use of these Navajo Nation funds shall be grounds shall be grounds for denial of any future request for the use of the Indian Wells Chapter Veterans Fund. I understand that any misstatement, omission, or withholding of the requested information or supporting documents will be grounds for denial of the use of the Indian Wells Chapter Veterans Fund and may include present or future request for chapter financial assistance, To support my claim and status as an honorably discharged Veteran of the United States Armed Services, I am attaching a copy of my separation paper (DD214/215) that lists the branch of service and dates of military service.

Applicant's Signature: _____ Date: _____

DATE/TIME RECEIVED: _____ BY: _____
 FUNDS AVAILABLE? Y N FUNDS BUDGETED? Y N CHAPTER APPROVED? Y N
 DD214/DD215 ATTACHED? Y N REGISTERED CHAPTER VOTER? Y N

OFFICE SPECIALIST REVIEW: _____ DATE: _____
 CSC REVIEW: _____ DATE: _____
 REFERRED TO VETERANS ORGANIZATION ON: _____

ATTACH MEETING AGENDA/MINUTES/SIGN IN SHEET

- APPROVED
- DENIED (reason): _____
- DEFERRED (reason): _____

Commander: _____ Secretary/Treasurer: _____