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.: |

Mailing Address:

<table>
<thead>
<tr>
<th>Type of Request – Check One and Provide Dollar Amount Requested:</th>
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<tbody>
<tr>
<td>□ Personal Travel Expenses – Complete Section A</td>
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<tr>
<td>□ Traditional Ceremony – Complete Section B</td>
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<tr>
<td>□ Building Materials/Supplies – Complete Section C</td>
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<td>□ Other – Complete Section D</td>
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Section A – Personal Travel (ATTACH APPOINTMENT SLIP/DOCTOR’S ORDER/DOCTOR’S STATEMENT)

Purpose for Travel:

<table>
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<tr>
<th>Date of Departure:</th>
<th>Date of Return:</th>
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Itinerary:

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<th>Personal Vehicle Use – Estimated Miles:</th>
<th>Lodging – Estimated Nights Stay:</th>
<th>Meals – Estimated Number of Days:</th>
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Other Costs/Expenses – Itemize and Provide Estimated Dollar Amount:

Section B – Traditional Ceremony

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<th>Type of Ceremony:</th>
<th>Number of Days:</th>
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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):

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<th>Type of Dwelling Unit:</th>
<th>Number of Days:</th>
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Size: (Width): (Length): (Height): 

Does the Applicant have ownership of the dwelling unit?

□ Yes
□ 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?

□ No
□ 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?

□ No
□ 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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Total Cost</th>
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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 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: ___________________________