NDCFS - FINANCIAL ASSISTANCE UNIT
PO BOX 2547
WINDOW ROCK, AZ 86515
(928) 871-6556

FY2027

CIF #_____

AB#_____

Community Service Block Grant (CSBG)

Applicant Name: (Last, First, MI)	Census Number:
Applicant Email:	Applicant Phone Number:
To determine your eligibility for assistance, verification is required. All documents must have matching names on CIB, SSC and State ID/DL.	

Your application will not processed without the required documents.

	REQUIRED DOCUMENTS	DATE RECEIVED
1	Updated W9 (Attached)	
2	Valid State Issued Driver's License/ID - APPLICANT	
3	Social Security Cards - ALL HOUSEHOLD MEMBERS	
4	Certificate of Indian Blood - ALL HOUSEHOLD MEMBERS	
5	Latest Income Statement - APPLICANT	
6	Chapter Verification - Letter from Chapter, Voter's Card -APPLICANT	
7	Legal Guardianship/Power of Attorney	

CIF#:_____ Date:_____

AB#:_____ Chapter:_____

NDCFS

Financial Assistance Unit

Community Service Block Grant Application

SECTION A:

☐ Resident of the Navajo Nation ☐ Navajo Trust Land ☐ Community designated near Navajo Nation

Education Level:_____ Are you a Veteran? ____ Yes ____ No

☐ Other: _____

Why are you requesting for financial services: _____

_____

Mailing address: _____ Phone: _____

Physical Address: _____

Name of Household members	Relationship	Date of Birth	Social Sec. No.	Census No.	Disabled Yes/No	Name of Payee/Guardian
	Applicant					

SECTION B: CURRENT RESOURCE INFORMATION

Household Member	Source of Income	Gross/Net Income	How Often?

HOME:

☐ Rent ☐ Own ☐ Board: Amount $_____to whom? _____Do you pay utilities: ☐Yes ☐No

Have you received Assistance from Tribal, State, or other Social Services entities? ☐ Yes ☐ No

SECTION C: YOUR RIGHTS

FEDERAL LAW GOVERNING FRAUD: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers, by any trick, schemes, or devise, a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious of fraudulent statement or entity shall be fined not more than $10,000, or imprisoned not more than five years or both.

Initial: _____

PRIVACY ADVISEMENT: All records will be maintained under provision of Privacy Act 5 U.S.C. S552 a; The Privacy Act of 1974; P.L. 104-191-1177, HIPAA and 2 N.N.C. subchapter 4, § 81-91; The Navajo Nation Privacy Act of 1996. Information contained in this application will not be shared without your written consent and authorization. I/We have read or heard or had interpreted to me/us the preceding provisions of law and understand them. I/We agree to supply all necessary information about my/our resources and income, residence, members of my/our household, employment and to notify the agency when my/our situation changes. I/We also authorize the Navajo Nation to obtain information necessary to establish my/our eligibility for assistance. Initial: _____

Authority authorizing collection of information; information collection authorized by 35 U.S.C. Section 13.25 Section 450 (a) et seg., as amended, implementing Regulations and contract provisions. Initial: _____

I/We certify that the information that I/We have given is true and correct.

_____	_____	_____
Signature of Applicant	Date	Witness to Mark
_____	_____	_____
Signature of Applicant	Date	Person who helped complete application

SECTION D: CERTIFICATION STATEMENT

Children (0-17) _____ Adults (18-54) _____ Elder (55 & over) _____
No. Disabled _____ Children DV Shelter _____ Foster Care _____

Basic Need: $_____

Date Approved: _____ Date Denied: _____ Reason for Denial: _____

I certify that _____ is eligible/ineligible for services in accordance with _____.

Your application for _____ covers your needs from the date of application through _____.

_____ _____
NDCFS Senior Caseworker Date

REMARKS:

_____

_____

_____

_____

_____