



HOME SITE BIOLOGICAL CLEARANCE FORM (HSBCF) - REQUEST FORM -



IMPORTANT: PLEASE SUBMIT REQUESTS THRU YOUR AGENCY HSL OFFICE

HOMESITE LEASEE INFORMATION

FIRST NAME/LAST NAME:		
MAILING ADDRESS:		
CITY, STATE, ZIP:		
PHONE NUMBER and/or Email:		
CHAPTER NAME:	COUNTY & STATE OF HOMESITE:	AGENCY:

NOTE: Processing fee is \$32.50. Please make MONEY ORDER or CASHIER'S CHECK payable to NAVAJO NATION

PLEASE CHECK MARK ONE OF THE FOLLOWING:

NEW HOMESITE LEASE.
Site is currently un-occupied by resident.

OCCUPIED HOMESITE LEASE.
Site is currently occupied by resident.

OTHER (to be filled out by HSL Office):

YEAR OCCUPIED: _____

<p style="text-align: center;">- NLD OFFICE PLEASE COMPLETE -</p> <p>PREPARED BY:</p> <p style="margin-left: 40px;"><input type="checkbox"/> CHINLE NLD</p> <p style="margin-left: 40px;"><input type="checkbox"/> CROWNPOINT NLD</p> <p style="margin-left: 40px;"><input type="checkbox"/> SHIPROCK NLD</p> <p style="margin-left: 40px;"><input type="checkbox"/> TUBA CITY NLD</p> <p style="margin-left: 40px;"><input type="checkbox"/> WINDOW ROCK NLD</p> <p>MONEY ORDER? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>MO# _____</p> <p>INDICATE RCP AREA # _____</p> <p>FORM VERIFIED BY: (PLEASE INITIAL & DATE):</p> <p>_____</p>	<p style="text-align: center;">- NNHP USE ONLY -</p> <p>FILE# _____</p> <p>MO# _____</p> <p>RECEIVED BY:</p> <p><input type="checkbox"/> EMAIL <input type="checkbox"/> DROP-OFF by: _____</p> <p>DATE RECEIVED @ NNHP:</p>
---	---