	Office of		ering - Division of Sanitation wenue, Winslow, AZ 86047 5176 Fax: 928-289-8011	Facilities Construction	
		Application for Wa	ter / Wastewater Services ANT SECTION:		
Name (Last, First)		AFFLIOF		Census No.	
Spouse (Last, First)				Concue No	
Mailing Address					
Telephone No. Home:		Work:		Cell:	
					
Requesting the following servi		ing () Water () Sewe stem [Medical Referral O		nfield]	
Housing - Type of Structure: () Mobile () Hogan ()	Frame () Other Color of Roof:		ALL HOMES must have plumbing stubbed out to the exterior.	
				MOBILE HOMES must have wheels removed and -skirting installed.	
Is the house in good structural co Do you have a home site lease? Is this house continuously occupi Was this house built by a housing	ed year round?	SWIF, etc)?	() Yes () No () Yes () No () Yes () No () Yes () No	If available, please provide a copy	
How many people live in this hou		Note: provide maximum		ts at any time	
Any house occupants with a med If Yes, provide Medical Referral				() Yes () No	
Draw a map that shows how to g (Please draw as carefully as you				w other houses that are near yours.	
		NO	RTH		
WEST]	EAST
		SO	UTH		
NOTE: If you move your house w	you must submit a new a	upplication. We will obtain	Right-of-Way and Arc	cheological Clearance for this location and they will NOT be	valid

NOTE: If you move your house, you must submit a new application. We will obtain Right-of-Way and Archeological Clearance for this location and they will NOT be valid for another.

NOTE: If you need an addition to your home to provide space for plumbing, you must arrange for the addition to be built before plumbing work begins on your project or we will NOT be able to install complete plumbing for you. IHS does NOT provide bathroom additions.

Please contact your chapter for information on assistance with a bathroom addition.

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AGREEMENT TO PARTICIPATE IN IHS PROJECT:

BY SIGNING BELOW, I CERTIFY THAT I UNDERSTAND THE FOLLOWING CONDITIONS FOR PARTICIPATING IN A PROJECT AND THAT I WILL CARRY OUT MY RESPONSIBILITIES UPON RECEIPT OF THE FACILITIES PROVIDED:

- ◆ IHS Sanitation Facility Services will NOT be provided if house NOT continuously occupied year round.
- ♦ I will make water payments and sewer payments (if sewer connection is provided) to NTUA.
- ◆ IHS will provide a one-year warranty on facilities installed. If the facilities are tampered with, the warranty will be voided.
- ♦ I will be responsible for maintaining all the plumbing fixtures and pipes inside my house.
- ◆ I will be responsible for maintaining the waterline from the water meter to my house.
- ◆ I will be responsible for maintaining the sewer connection line or the septic tank and drainfield.
- ♦ I understand that the septic tank must be inspected yearly and pumped when necessary usually every 2 to 5 years at a cost of \$330 \$580. I must arrange for and pay for pumping the septic tank. If the septic tank is not pumped when needed, the drainfield will fail and I will have no wastewater service.
- ♦ I will attend Homeowner Training about how to operate and maintain the plumbing, waterline and sewerline or septic system in good working order. If I do NOT attend the training, NTUA can refuse to connect my water service.
- ♦ When plumbing is installed in my home as part of an IHS project, I will sign a receipt for the fixtures installed. Until I sign a receipt, I will accept the records of the installers as to what was installed.
- ◆ Mobile homes must have wheels removed, skirting installed, and water/sewer stubbed out to the exterior.

NOTICE ON ELIGIBILITY: The applicant must be a member of a federally recognized tribe. IHS criteria states that only existing homes may be served with water and/or sewer facilities. Homes are served on a first come/first served basis. IHS is a federal agency that has restrictions on the types of homes it can provide services to. If a home has been built using Housing and Urban Development (HUD) funds or a HUD funded program or Tribal Housing Entity (For example: NHA, HUD, SWIF, NAHASDA) it is possible that the home may NOT be eligible for service from IHS. A home built by HUD funds cannot receive IHS services due to IHS regulations. The homeowner should be aware of what program, if any is responsible for building their home in lieu of the above restrictions. For more information, please contact Winslow OEH&E office at 928-289-6176

COMMENTS/QUESTIONS: (Please,	provide further description regard	ling your request for assistance)			
SIGNATURE		DATE			
	FOR IHS SECRE	TARY USE ONLY:			
First Service () Yes () No Note: If no, provide old project No. Arch Report No.		ect number, arch report number, and individual as-built drawing As-Built Drawing Available: () Yes () No			
This application requires the following information before it can be considered: () Homesite Lease () Medical Referral () Other:					
() This application is complete.					
HITS Service Request No Note: All above numbers are autor	. HITS Resident ID: matically generated by HITS	HITS Home ID:			
Application Received By		Date Entered in HITS Database:			