

**INDIVIDUAL HOMEOWNER SANITARY FACILITIES APPLICATION FORM**

NAME \_\_\_\_\_ TELEPHONE No. Home \_\_\_\_\_  
Work \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Are you listed on a tribal census roll? \_\_\_\_\_ If yes what tribe \_\_\_\_\_

Who owns the land which the home will be located? \_\_\_\_\_  
If Tribally owned land, have you obtained a lease? \_\_\_\_\_

Please give exact location of property \_\_\_\_\_  
(Please complete map on next page) \_\_\_\_\_  
\_\_\_\_\_

Type of dwelling- STANDARD? \_\_\_\_\_ MOBILE\MODULAR? \_\_\_\_\_

**Complete this section if standard home**

Date of original construction \_\_\_\_\_

Has home undergone major renovation? \_\_\_\_\_

If Yes, please describe (give date, what was done, which rooms affected)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete this section if Mobile /Modular Home**

What year was your home purchased? \_\_\_\_\_

If not already on site, when will it be delivered? \_\_\_\_\_

Conditions of Present Facilities:

Water: \_\_\_\_\_

Sewer: \_\_\_\_\_

How many bedrooms in the home? \_\_\_\_\_

Type of facility needed? Water \_\_\_\_\_

Sewer \_\_\_\_\_ (i.e. Septic System)

Community water supply near? \_\_\_\_\_

Community sewer system near? \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please provide accurate directions to your property site**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide a rough outline of your home (include house, roads, lot lines,  
well location, septic location, and water & sewer lines.**

\_\_\_\_\_  
Applicant: DO NOT WRITE BELOW THIS LINE

Date Received \_\_\_\_\_ Application \_\_\_\_\_ Land Ownership \_\_\_\_\_

Tribal Enrollment \_\_\_\_\_ Ind. Agr. form \_\_\_\_\_ Structure Ownership \_\_\_\_\_