

HTHA REHABILITATION PROGRAM

PROOF OF OWNERSHIP

Date:

Hopi Tribal Housing Authority
Rehabilitation Program
P.O. Box 906
Polacca, AZ 86042

I, _____, acknowledge the said house located _____
(Name)
_____ of _____ belongs to me.
(Direction) (Village)

I, _____, do hereby authorize the Hopi Tribal Housing
(Name)

Authority to make any renovations, and/or additions.

(Applicant's Signature)

(Signature of Witness)

(Signature of Witness)

Separator line of small circles

State of _____

County of _____

Subscribed and sworn to and before me on this _____ day of _____, 20____
by _____.

Notary Public

My Commission Expires

