



Kaibab-Paiute Tribal Housing Department

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APPLICATION  
FOR MEMBERSHIP ON THE  
KAIBAB PAIUTE TRIBAL HOUSING COMMITTEE

NAME: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOC.SEC.# \_\_\_\_\_

WHY DO YOU WANT TO BE A MEMBER OF THE HOUSING COMMITTEE?:

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



\_\_\_\_\_ APPROVED

\_\_\_\_\_ DISAPPROVED

COMMENTS/RECOMMENDATIONS:

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TRIBAL SECRETARY

\_\_\_\_\_  
DATE