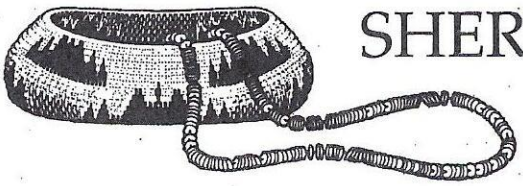


SHERWOOD VALLEY BAND OF POMO INDIANS

Sherwood Valley Band of Pomo Indians
Emergency Assistance Application Checklist

Only complete applications will be accepted. Applications that are incomplete or missing any dates, signatures, information, or any documents listed below will be returned and not processed until complete.

Submit the following items with your application:

_____ Completed and signed application.

_____ Copy of Tribal Enrollment Verification

_____ Copies of current lease/rental agreement, if applicable.

_____ Copies of eviction notice or foreclosure documents.

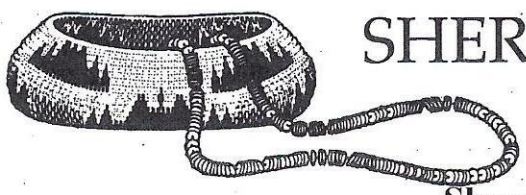
This box is for use by SVBPI only:

Is the application complete and does the application contain all the necessary documentation and forms listed above? _____ Yes _____No

If No, return the application to the client. Once the application is complete, proceed with verifications and submittal to the Housing Committee.

Once reviewed and or approved, notify the client in writing determining eligibility.

190 Sherwood Hill Drive • Willits, California 95490
(707) 459-9690 • Fax (707) 459-6936



SHERWOOD VALLEY BAND OF POMO INDIANS

Sherwood Valley Band of Pomo Indians
Emergency Assistance Application

A. Applicant Information

1. Name: _____
   Last First MI

2. Current Address: _____
   Street City State Zip

3. Telephone Number: _____ 4. Date of Birth: _____

5. Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

6. What was your last address? _____
   Street City State Zip

Type of Assistance Applicant Seeking: ☐ Emergency Shelter ☐ Rental/Mortgage Assistance

7. Explain where you are staying now: _____

_____

_____

8. How long have you been there? _____

9. Do you pay rent for staying there? ☐ Yes ☐ No

If you checked yes, how much do you pay? _____

10. Amount being requested:$ _____

11. Have you applied for Emergency Assistance from any other program? ☐ Yes ☐ No

If you checked yes, please explain where and when _____

_____

12. What type of assistance are you requesting: ☐ Emergency Shelter Assistance/Motel

☐ Rental/Mortgage Assistance

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B. Family Information

13. List all other persons living in your household on a permanent basis. Start with the oldest and provide: Name, Date of Birth, and relationship to applicant.

Name	Date of Birth	Social Security #	Relationship to Applicant

If you need more space, use a blank sheet of paper

By signing this document I understand,

- This assistance is once in a lifetime.
- There is a limit on the amount of assistance available to me, $3,000.00 maximum.
- I will provide proof that I am homeless.
- I certify that all information on this application is true and correct.

Applicant Signature _____ Date _____