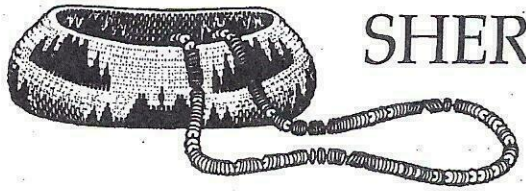


SHERWOOD VALLEY BAND OF POMO INDIANS

Sherwood Valley Band of Pomo Indians
Rehabilitation 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

_____ Proof of Residency

_____ Copies of Contractor's quote or Building Supply quote

_____ Denial letter from NAHASDA/NCIHA. (If tribal member resides outside of Northern Circle service area, a denial letter is not required.)

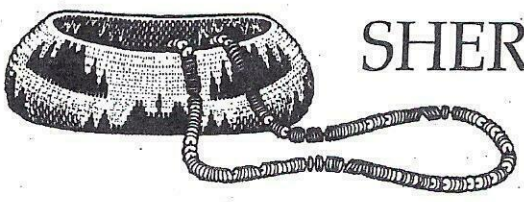
This box is for use by SVBPI only:

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
Rehabilitation Program Application

A. Applicant Information

1. Name: _____
Last First MI

2. Mailing Address: _____
Street City State Zip

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

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

6. Rehab Address (if different than above): _____
Street City State Zip

B. Housing Data

7. Do you live in a home that is owned by your tribal government or that has been remodeled or constructed with any Tribal, State, or Federal Program funding within the past ten (10) years?
☐ Yes ☐ No Explain: _____

_____

_____

8. Do you own the home? ☐ Yes ☐ No Is it located on the Rancheria? ☐ Yes ☐ No

9. What year was your home built? _____

10. Estimated cost of rehab assistance: $ _____

11. Is the applicant disabled? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

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

C. Present Housing Conditions:

12. Substandard Housing

Please check the appropriate box for each of the following questions.

Question	Yes	No
Does your home have a continuous concrete or wooden foundation?		
Does your home have at least one complete operable bathroom?		
Does your home have usable kitchen facilities?		
Does your home require handicap modifications?		

Please rate the general condition of each of the following elements in your home by checking the appropriate box.

Element	Good	Needs Improvement	Needs Replacement
Plumbing			
Septic System/Sewer			
Electrical System			
Heating System			
Foundation			
Interior Walls			
Exterior Siding/Paint			
Roof			
Floors			
Floor Coverings			
Windows			
Insulation			

13. Based on the information above, please provide your specific needs below. Use additional sheets if necessary.

D. Family Information

14. 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,

- If information is obtained that shows funding has been misused, it will turn into a loan resulting in withholding of per capita until paid back in full.
- This assistance is **limited to available funding**.
- The limit of Rehabilitation assistance available is up to $15,000 maximum.
- I am required to provide contractor quotes and or building supply quotes for supplies.
- I am required to provide before and after photos of repair work.
- I certify that all information on this application is true and correct.

Applicant Signature	Date