



Sherwood Valley Band of Pomo Indians Temporary Shelter 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
- _____ Statement of homelessness situation. (Example: Letter from Homeless Shelter, Self-Declaration Statement)
- _____ Quote from approved vendor for temporary shelter/structures.

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.

Sherwood Valley Band of Pomo Indians
190 Sherwood Hill Drive
Willits CA 95490
(707) 459-9690 Fax (707) 459-6936



Sherwood Valley Band of Pomo Indians Temporary Shelter 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

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

Type of Assistance Applicant Seeking: Temporary Shelter Other _____

7. Explain where you are staying now: _____

8. Can you provide proof of homelessness? Yes No

If you checked yes, please explain where and when _____

9. Please describe where you plan on placing the temporary shelter: _____

10. Have you received permission from Tribal Council to place the temporary shelter at this location? Yes No

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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 |
|------|---------------|-------------------|---------------------------|
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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, \$8,000.00 maximum.
- I will provide proof that I am homeless.
- I will be responsible for the upkeep and maintenance of the shelter.
- I understand I cannot transfer use/ownership of the shelter or program costs will revert to a loan.
- I certify that all information on this application is true and correct.

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| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Applicant Signature | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date |
|---|--|