



BEAR RIVER BAND OF THE ROHNERVILLE RANCHERIA EMERGENCY ASSISTANCE

Name:	Date of Birth:	SS#:
Address:	City:	State:
		Zip Code:

Household Type (√ one)	Housing Type (√ one)	Work Status (√ one)
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Own	<input type="checkbox"/> Employed Full-Time
<input type="checkbox"/> Male Head of Household	<input type="checkbox"/> Rent	<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> 2 Parent Household	<input type="checkbox"/> Homeless	<input type="checkbox"/> Migrant Seasonal Farm Worker
<input type="checkbox"/> Single Person In Household	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Unemployed (6 months or less)
<input type="checkbox"/> 2 Adults No Children		<input type="checkbox"/> Unemployed (+ than 6 months)
<input type="checkbox"/> Other		<input type="checkbox"/> Unemployed (+ than 6 months)
<input type="checkbox"/> Non-Related Adults with Children		<input type="checkbox"/> Retired
<input type="checkbox"/> Multi-Generational Household		<input type="checkbox"/> Unknown/Not Reported
Reservation/Rancheria Resident (√ one)		
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

Income Sources (√ all that apply)	# in Household: _____
<input type="checkbox"/> AFDC/TANF	Adults(18+)_____Minors(-18): _____
<input type="checkbox"/> Alimony/Spousal Support	Head Of Household (√ one)
<input type="checkbox"/> Child Support	<input type="checkbox"/> Yes
<input type="checkbox"/> Disability	<input type="checkbox"/> No
<input type="checkbox"/> Unemployment	Family Size:
<input type="checkbox"/> Self-Employment	_____
<input type="checkbox"/> Soc. Security Retirement	Household Income:
	\$ _____

CHECK TYPE OF ASSISTANCE IN NEED & AMOUNT

<input type="checkbox"/> Rent	<input type="checkbox"/> UTILITY	<input type="checkbox"/> OTHER:
<input type="checkbox"/> Mortgage	Name of Utility: _____	
<input type="checkbox"/> Monthly Due: _____ Past Due: _____ \$ _____ \$ _____	Monthly Due: _____ Past Due: _____ \$ _____ \$ _____	Monthly Due: _____ Past Due: _____ \$ _____ \$ _____
TOTAL DUE: \$ _____	TOTAL DUE: \$ _____	TOTAL DUE: \$ _____

Applications can be submitted by:
E-MAIL: housing@brb-nsn.gov
FAX: (707)733-1723
Mailing Address: 266 Keisner Rd, Loleta, CA, 95551

Applicants must be fully complete and sign the application or it will be incomplete.
Following documentation must be submitted with the application or will not be processed:

<input type="checkbox"/> Income Verification for the household	<input type="checkbox"/> Tribal Verification
<input type="checkbox"/> Bill, Invoice or Statement for Assistance requested	Roll# _____

CERTIFICATION: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution. If any of the information, including but not limited to income, changes after signing this form, I will promptly report such changes.

The Bear River Band of the Rohnerville Rancheria Housing Department is authorized to release pertinent information contained herein for verification of eligibility.

Print Name _____ Signature Page 1 of 1 _____ Date _____