



# COYOTE VALLEY

— Band of Pomo Indians —

## B.I.A UTILITY ASSISTANCE PROGRAM

_____		_____	_____
FIRST NAME	LAST NAME	D.O.B	
_____		_____	_____
MAILING ADDRESS	CITY	ZIP CODE	PHONE/CELL #

\_\_\_\_ (total number of persons living in household, including applicant)

Check the box if you receive food stamps/TANF/AFDC

LIST SOURCE AND TYPE OF ALL HOUSEHOLD INCOME: \_\_\_\_\_

\_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

Please list below the name and age of each person in your house hold:

<u>Name</u>	<u>Age</u>	<u>Check Box if Disabled</u>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

(If you need additional space for household members please use back of application.)

*By signing my signature below, I declare that, to the best of my knowledge, the preceding information is accurate and complete. My signature below gives my consent to the Coyote Valley Band of Pomo Indians to verify all information contained on this application, including my income and social security numbers listed. I understand that this application does not guarantee me services.*

_____	_____	_____
Signature of Applicant	Tribal Approval	Date

— A SOVEREIGN TRIBAL NATION —