Coyote Valley Band of Pomo Indians

"HEATING" UTILITY ASSISTANCE APPLICATION

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. Do not leave Social Security # blank, if you do we will not be able to process the application.

Name	Age	Check Box if Disabled
		☐
		☐
		☐
		☐
		☐
		☐
		☐

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** _____

OFFICE USE ONLY:

NAME OF HEATING VENDOR _____ **ACCOUNT NUMBER** _____

PLEDGED AMOUNT: $ _____ **HOUSING REP:** _____

DATE: _____