



COYOTE VALLEY

Band of Pomo Indians

Coyote Valley Housing Department RAP Application Check List

The following documents listed below must be complete and submitted in order to process your application.

- Completed and signed Application
- Tribal Member verification (enrollment letter or member I.D.)
- Current Residential Lease Agreement
- Income Verification Release Form, For ALL INCOME received
- Income Documentation for ALL Household Members with income listed

This application is not considered *COMPLETE* until ALL required documentation is received. The Housing Department can process your application faster if it is legible and complete.

If the application is INCOMPLETE it will not be processed.

A SOVEREIGN TRIBAL NATION

7601 N. State Street | P.O. Box 39 | Redwood Valley, CA 95470 | (707) 485-8723 *office* | (707) 485-1247 *fax*



COYOTE VALLEY

Band of Pomo Indians

COYOTE VALLEY TRIBAL HOUSING (SRAP)

STUDENT RENTAL ASSISTANCE PROGRAM APPLICATION

TODAYS DATE: _____

Tribal Member Name: _____

Current Address: _____

Mailing Address: _____

Home Phone: _____

Mssg.#: _____

D.O.B. ____/____/____

D.L.# _____

S.S.#: _____

Others Living in the Household:

NAME	D.O.B.	RELATIONSHIP	EMPLOYED	
			yes	no
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY:

(If this is a joint application please provide the information for applicant #2 in the space provided.)

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APPLICANT #1

Employer: _____

Address: _____ State: _____ Zip: _____

Supervisors Name: _____ Phone: _____

Gross Income: \$ _____ weekly bi-weekly monthly yearly

How long employed with this employer: _____

Please list below any OTHER source of income of assets received and how often:
(example; per-capita, non-gaming, etc.)

APPLICANT #2

Employer: _____

Address: _____ State: _____ Zip: _____

Supervisors Name: _____ Phone: _____

Gross Income: \$ _____ weekly bi-weekly monthly yearly

How long employed with this employer: _____

Please list below any OTHER source of income of assets received and how often:
(example; per-capita, non-gaming, etc.)

SCHOOL INFORMATION:

Name of School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Councilor/ Contact Name: _____

School Phone Num.: _____ EXT: _____

Date of Registration: _____ Semester: _____

Intended Attendance:

Date Beginning: _____ Anticipated Ending Date: _____

RENTAL INFORMATION:

Rental Address: _____

City: _____ State: _____ Zip: _____

Monthly Rental Amount: \$ _____

Landlords Name: _____

Landlords Address: _____

City: _____ State: _____ Zip: _____

Contact Num. for Landlord: _____

By signing my signature below, I declare to the best of my knowledge, the preceding information is accurate and complete. My signature below gives my consent to the Coyote Valley Housing Department to verify all information contained in this application. I understand that this application does not guarantee me assistance, an apartment of any housing.

1 Applicant Signature

Date

2 Applicant Signature

Date



COYOTE VALLEY

—Band of Pomo Indians—

COYOTE VALLEY REQUEST FOR ASSISTANCE

APPLICANT _____ PHONE _____

ADDRESS _____

ATTACH APPROPRIATE DOCUMENTATION (QUOTES, BILLS, CERTIFICATES, RECEIPTS, ETC.)

NOTE:

All requests are subject to the funds available.

Each request is subject to the requirements and restrictions for that particular program.

By signing this form you are agreeing that the statements and representations made herein are true and factual.

DESCRIPTION OF NEED WITH COST:

TOTAL COST OF THIS REQUEST:

SIGNATURE OF APPLICANT _____ DATE _____

Revised 5/30/12

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