



# BEAR RIVER BAND OF THE ROHNERVILLE RANCHERIA

## EMERGENCY ASSISTANCE

<b>Name:</b> _____	<b>Date of Birth:</b> _____	<b>SS#:</b> _____
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____
		<b>Zip Code:</b> _____

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

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

### 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: _____
<b>TOTAL DUE:</b> \$ _____	<b>TOTAL DUE:</b> \$ _____	<b>TOTAL DUE:</b> \$ _____

**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 \_\_\_\_\_ Date \_\_\_\_\_