



COYOTE VALLEY BAND of POMO INDIANS DEPARTMENT OF HOUSING

7601 N STATE ST REDWOOD VALLEY, CA 95470 • (707) 485-8723 • COYOTEVALLEYTRIBE.ORG

May 3, 2021

RE: Rental and Utility Payment Assistance for Tribal Members

Dear Tribal Members,

As the COVID-19 pandemic evolved over the last year, our Tribal Nation had to adapt to changes to our daily lives. Financial instability due to the economic shutdown continues to be a major concern. The Tribal Government has worked diligently to ensure that we can offer our members any avenue of assistance available to us. Today, we are pleased to announce that new Federal funding is available to assist tribal member households that are unable to pay rent and utilities due to the COVID-19 pandemic.

To be eligible under this program, a household must be obligated to pay rent on a residential dwelling, and:

- one or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak;
- one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability;
- the household has a household income at or below 80% of area median income;
- The applicant must be the main leaseholder named on a lease agreement; and
- The landlord of the residential dwelling must be the owner of the rental property.

Enclosed with this letter is a copy of the new assistance program policy, as well as an application for assistance. We hope to help each qualified household with a Tribal Member resident.

Please contact the Housing Department at (707) 485-8723 to discuss how this program, or any of our other assistance programs may help you.

Thank you,

Paul Fernandez
Housing Director



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COVID Relief Rental and Utility Assistance Application

Personal Information-----

Applicant/Head of Household: _____

Physical Address: _____

Mailing Address: _____

City, State and Zip: _____

Email: _____

Phone (or Message Phone #): _____

Employer: ☐ Coyote Valley Tribe ☐ Coyote Valley Casino/C-Store ☐ Other Employer ☐ N/A

Rental Information-----

Please complete your rental information for your current lease/rental that you are requesting assistance for.

Monthly Rent: _____ Landlord Name: _____

Lease Term: _____ Landlord Phone: _____

or Bedrooms: _____ Landlord E-mail: _____

Utilities-----

(1) I would like to receive Utility Assistance with: ☐ Electricity/Gas ☐ Water ☐ Both

(2) Current Utility bill must be submitted with application

Household Income-----

A. Please list everyone 18 years and older WITH or WITHOUT a source of income in your household.

Please list any additional information on a separate piece page.

Name of Family Member	Source of Income	Gross Income	Per Hour	Per Week	Per Month	Annually

B. Please provide your last 2 most current pay check stubs or letter from your employer stating your current status (ie. Laid off, hours cut, furloughed, etc...) Due to COVID-19

Please answer the following questions by checking the appropriate box:

(1) Have you or your spouse been temporarily laid off / furloughed because of COVID-19? ☐ Yes ☐ No

(2) Are you currently behind on your rent or utilities because of COVID-19? ☐ Yes ☐ No

COVID Relief Rental and Utility Assistance Program

Household Information-----

A. Please list YOURSELF and all persons living in your same dwelling. Do not list members who reside elsewhere during the school year. Please continue on a separate page if necessary.

	First Name	Last Name	DOB	Social Security #	Please list if this person is: Minor, Elder or Disabled
1.					
2.					
3.					
4.					
5.					
6.					

Application Agreement and Certification -----

Please initial that you understand and agree to the following:

_____ I agree that if any information on this application changes after I have submitted it to the Coyote Valley Tribal Housing Department (such as total household income or family composition), I will promptly notify the Tribal Housing Department so that my application may be updated accordingly.

_____ I understand that if I am selected for assistance, I will be required to provide documentation verifying identity and all income sources for all adult household members (18 and older).

With my signature, I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information that results in payments on my behalf for which I am not entitled. I agree that the Coyote Valley Tribal Housing Department may contact other Tribal programs for pertinent information as it applies to this application. I agree to repay any assistance that the Coyote Valley Tribe deems to have been misused, and that the Tribe may pursue any available remedies under applicable Tribal, State and Federal law to recover misused funds.

Signature: _____

Date: _____

Please Submit Applications to:

(you may hand deliver, mail, fax or email your application)

Coyote Valley Tribal Housing Department

ATTN: Tribal Housing Director

7601 North State St, Redwood Valley, CA 95470

Email to: housingdirector@coyotevalley-nsn.gov

Fax to: (707)485-1247