



Hopland Band of Pomo Indians

3000 Shanel Rd., Hopland, California 95449 Phone (707) 472-2100 Fax (707) 744-1506

Tribal Elder Assistant Program Application

This application must be filled out and submitted to the Admin/Fiscal Office. The CFO/Fiscal Manager will review the application to determine if eligibility requirements have been met. An official notice of acceptance to the program shall be sent out by the Tribal CFO/Fiscal Manager once eligibility is met.

A. APPLICANT INFORMATION:

TRIBAL MEMBER NAME:		TRIBAL ID#	SS#
MAILING ADDRESS: STREET/PO	CITY	STATE	ZIP
PHYSICAL ADDRESS: STREET/PO	CITY	STATE	ZIP
PHONE:	DOB:		
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER _____			

B. HOUSEHOLD INFORMATION: (Please only include family members that you are financially responsible for)

NAME	AGE	DOB	RELATIONSHIP TO APPLICANT	YRS/MONTHS AT THIS ADDRESS	TRIBAL ID#

If you need more space, attach separate page

C. APPLICANT INFORMATION:

Earned and Unearned Income (Information provided will not affect your eligibility for this program; the information provided is for statistical use only): Starting with applicant, list ALL household members who receive Earned and Unearned income, such as wages, Tips, Social Security, VA benefits, SSI, retirement, Disability, and Unemployment, Child Support, Alimony, etc.

NAME	AGE	SOURCE OF INCOME
TOTAL GROSS EARNED AND UNEARNED INCOME:		\$

I certify that the information provided on this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that payments may be withheld in whole or part if there is an outstanding delinquent amount due to the Hopland Tribe.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received:	Eligibility Verified:	Date Approved:	Notification Sent:
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