



Kashia Band of Pomo Indians  
Of the Stewarts Point Rancheria

Kashia Round House  
Founded in 1916

**KASHIA BAND OF POMO INDIANS**

**Tribal Members:** To help Tribal Members during this corona virus pandemic, the Kashia Band of Pomo Indians of Stewarts Point Rancheria is offering multiple emergency assistance opportunities. Please fill out this application for assistance. If you are not an enrolled member but are the parent or guardian you will need to provide the enrollment numbers of the child/children.

Name: \_\_\_\_\_ Roll # \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if applicable) \_\_\_\_\_

City: \_\_\_\_\_ state: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

House Hold Information: Please list all Tribal Members, including children(s) in the household to ensure we have the correct information.

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1. Have you or your spouse been laid off or had reduced hours due to the COVID 19?

Yes No

Please provide proof of unemployment due to the COVID 19. This could be a letter, unemployment benefits receipt.

2. What services do you need help with due to this pandemic (Mark all that apply)?

- Rental & Mortgage Assistance
- Homeless Hotel/ Shelter Assistance
- Child Care
- Medical & Health Supplies
- Other \_\_\_\_\_

3. If you require Housing Assistance, please provide

- A copy of lease or mortgage statement
- A W-9 from landlord or mortgage company
- Copy of Tribal ID
- If you are behind on rent or mortgage payments what is the amount \_\_\_\_\_

4. Do you or any other household member currently receive housing/rental assistance from another entity?

Yes            No

5. If you are not a Tribal Member but are the guardian of a Tribal Member you must provide proof of custody.

I certify the above information is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information or damages to the hotel room caused by the occupants may lead to repercussions such as garnishment of my quarterly Indian Gaming Revenue Share Trust Fund.

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**Signature**

**Date**