

Kashia Band of Pomo Indians of the Stewart's Point Rancheria



Tribal Nutrition Assistance Program Application

Please fill out the following personal information for the Tribal Nutrition Assistance Program (TNAP), sign on page 2 and return to the Kashia Tribal Office.

Name: _____ Zip Code: _____
Address: _____ County of Residence: _____
City: _____ Phone Number: _____
(_____)_____

Household Information

List all your household income below:

Name of Person:	Monthly Income Amount:
1.	
2.	
	Total Amount:

Total Number of Adults in the Home? _____ Total Amount of Children in Home? _____

Elder: ____ (80 years) Senior ____ (55-79 years) Member ____ (18-54 years)

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

Applicant Signature _____ Date _____

TNAP Coordinator Signature _____ Date _____