

Big Valley Band of Pomo Indians of the Big Valley Rancheria
Individual and Family COVID-19 Emergency Assistance Program Application

The program is being offered to provide emergency assistance to individuals and families that continue to be impacted by the COVID-19 public health emergency. The maximum amount of assistance that may be received through this program is as follows: \$2,000 for an enrolled BVR tribal member 18 years of age and older and \$500 for each enrolled BVR tribal child 17 years old and younger. A married couple that are both enrolled members of Big Valley only need to fill out one application. We want to ensure that all BVR members get this assistance as soon as possible.

Name: _____ BVR Member: Yes No

Spouse (if applicable): _____ BVR Member: Yes No

Phone: _____ Email: _____

Mailing Address: _____

Was your household affected by the COVID-19 Pandemic? Yes No

Were you or your spouse unable to work due to the COVID-19 Pandemic? Yes No

Were you or your children unable to attend school due to the COVID-19 Pandemic? Yes No

Have you had increased costs of living such as higher utility/ food cost? Yes No

The child(ren) listed below live at the above address and were directly affected by the COVID-19 Pandemic. They are members of the BVR:

Name	DOB	Age	
_____	_____	_____	BVR Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	BVR Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	BVR Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	BVR Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	BVR Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	BVR Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	BVR Member: <input type="checkbox"/> Yes <input type="checkbox"/> No

Return completed applications to: Tribal office @ 2726 Mission Rancheria Rd., Lakeport, Ca. 95453

Signature: _____ Date: _____

Enrollment and Eligibility Verified By: _____

Met requirements for total distribution amount of: _____