



## AMERICAN RESCUE PLAN ACT (ARPA) 2021 COVID-19 DIRECT FINANCIAL ASSISTANCE PROGRAM

<b>Please check one:</b> <input type="checkbox"/> New Applicant <input type="checkbox"/> Application update			
<b>New applicants must submit/upload their census enrollment card &amp; ID or Driver's License</b>			
<b>Tribal Member Information</b>			
<b>Name</b>	First:	Middle	Last      Suffix
<b>Date of Birth</b>	<b>Age:</b>	<b>Social Security #:</b>	<b>Census #.</b>
<b>Current Telephone Number:</b>			
<b>Current Mailing Address:</b>			
<b>Current Physical Address:</b>			
<b>Email Address:</b>			

<b>Justification Request</b>
Please check from list of situations below that apply to you as an impact related to the COVID -19 public health emergency

- Loss of Employment/Temporary Layoff or Furlough.
- Reduction in hours/pay.
- Unable to work or experiencing financial hardship due to no child care/school.
- Had to close business/loss of self-employment revenue.
- Teleworking and related job changes.
- Children being schooled at home/distance learning.
- Underlying medical condition requiring staying home to prevent exposure.
- Over the age of 50 and enduring increased costs related to the COVID-19 pandemic.

- Difficulty accessing healthy foods.
  - Difficulty paying rent/mortgage.
  - Did not receive federal stimulus funding.
  - Contracted COVID-19.
  - Disabled and enduring increased costs related to the COVID-19 pandemic.
  - Experienced increased essential costs due to COVID-19 (i.e. paid a higher price for essential items)
  - Other financial hardship (please explain): \_\_\_\_\_
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**Certification**

By signing below, I \_\_\_\_\_ (print name) certify that the above information is true and correct to the extent of my knowledge. I understand that submitting false information may be considered a crime and is punishable under Tribal and Federal Law. I further agree that the funds distributed by the Tribe shall be used for General Welfare and only to purchase essential goods and services to relieve the impacts of COVID-19.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
Date Verified:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied- Reason: _____
Staff Signature:	