



AMERICAN RESCUE PLAN ACT (ARPA) 2022 COVID-19 DIRECT FINANCIAL ASSISTANCE PROGRAM

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

Justification Request
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: _____

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