



AMERICAN RESCUE PLAN
COVID-19 ASSISTANCE APPLICATION (3)

Head of Tribal Household Name: _____ Enrollment #: _____

Current Mailing Address:

(City) _____ (State) _____ (Zip) _____

Phone #: _____ Date of Birth _____ / _____ / _____

Email address: _____

I am/have experienced a genuine financial need as a result of the COVID-19 pandemic as follows (check all that apply):

- I (or someone in my household) became unemployed, had hours cut back, been furloughed or put on unpaid leave due to COVID-19
- I (or someone in my household) is unable to work or experiencing financial hardship due to no child care/school due to COVID-19
- I (or someone in my household) has had to close my small business due to COVID-19
- I (or someone in my household) is experiencing significantly increased medical costs or lost health insurance due to COVID-19
- I (or someone in my household) has current and/or past due bills i.e. utility, mortgage, water
- I (or someone in my household) is experiencing financial hardship due to shelter in place orders or closures due to COVID-19
- I (or someone in my household) am unable to work because my medical issues prevent me from returning to the office due to COVID-19 or needing to care for a person with COVID-19
- I (or someone in my household) is experiencing other financial hardship due to COVID-19 (Please explain)

Child Information (If the child is an enrolled member of The Bear River Band of the Rohnerville Rancheria) and applying for assistance under the care of the Tribal Member Head of Household.

Name _____ DOB _____ Enrollment # _____

Name _____ DOB _____ Enrollment # _____

Name _____ DOB _____ Enrollment # _____

Name _____ DOB _____ Enrollment # _____

Name _____ DOB _____ Enrollment # _____

Please note that incomplete applications will not be processed (ex. missing roll #'s, no signature, etc.).

I certify that the information provided on this application is true and correct to the best of my knowledge.

Sign: _____ Date: _____

**Please return by email to brittanvgonzalez@brb-nsn.gov or mail (reference address above)
Attn: Executive Secretary**

Internal Use Only:

Date Received: / /

of Tribal Members Verified _____

Verified by:
