



**CORONAVIRUS RELIEF FUND**  
**COVID-19 ASSISTANCE APPLICATION (4)**

Each eligible tribal member may be eligible for \$1,179.64 for purposes of financial assistance to reduce the impacts from COVID-19. Individual applications are required for each tribal member, regardless of whether they reside in the same household. Individual applications for minor tribal members must be submitted by their legal guardian.

Tribal Member Name: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Is this tribal member a Minor? Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

Current Mailing Address:

\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email address: \_\_\_\_\_

My household is experiencing a genuine financial need as a result of the COVID-19 pandemic which has, to this date, not been remedied with other funding. Issues that caused my need are:  
(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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Certification:**

By signing below, I \_\_\_\_\_ (print signer's 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 Federal Law. I further agree that the funds distributed by the Tribe shall be used only to purchase essential goods and services to relieve the impacts of COVID-19, and shall not be spent on ineligible expenses.

Limitations: The following is a **non-exhaustive** list of items that financial relief under this program may be used for:

- i. Groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being;
- ii. Personal care items such as face masks, sanitizer, hand cleaner, hygiene products, and special clothing necessary to maintain personal health and safety of oneself and others;
- iii. Transportation costs including private vehicle use at \$0.56/mile, car rental, car service, or public transportation costs for increased distances and frequency of trips to access essential and/or emergency services;
- iv. Utility costs for the added expenses incurred to stay at home, isolate or adhere to public health and Tribal government mandates and recommendations, including electricity, gas, propane, firewood, water, sewer, waste disposal, internet, and phone.
- v. Dependent care, including childcare services and added costs for care and feeding of children not able to attend school;
- vi. Unreimbursed medical and health-related expenses, in addition to costs of in-home care, prescriptions, supplements, wellness, and counseling;
- vii. All expenses related to online learning and expenses to maintain and support the education needs of school-age children, including post-secondary school
- viii. Costs incurred to improve or create teleworking capabilities.
- ix. Housing assistance to avoid foreclosure or eviction;
- x. Housing maintenance including cleaning supplies and cleaning services necessary to maintain sanitary and safe living conditions.

I agree to not spend these funds on alcohol, drugs (including marijuana), firearms, tobacco, and/or gambling, or in any way that would be considered lavish or extravagant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: If signing on behalf of a minor, use the below signature line**

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Guardian: \_\_\_\_\_

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

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**Internal Use Only:**

Date Received:        /        /

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Verified by: \_\_\_\_\_

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