



Shoalwater Bay Tribal Member

COVID-19 Emergency Assistance Application Form

The COVID-19 Assistance Program is designed to provide emergency financial assistance to enrolled Shoalwater Bay Tribal Members who have experienced economic hardships due to the effect of the COVID-19 pandemic. Funding of this program is in accordance with the federal CARES Act Relief Fund and is non-taxable as a Tribal general welfare assistance program and per IRS Disaster Relief regulations. Please refer to the Tribe's COVID-19 Assistance Program for details on eligibility and use of this assistance. The Assistance payment is \$4,000 per enrolled adult (18 years and over) and \$2,000 per enrolled youth (17 years and under) to cover the period March 1, 2020 through December 30, 2020. This Application shall be maintained as a confidential record of the Shoalwater Bay Tribe and will not be disclosed without the written consent of the Applicant, except to the extent that disclosure is required pursuant to the CARES Act.

APPLICATION DEADLINE December 16, 2020 1:00pm PT

DISTRIBUTION starting on or about December 22, 2020

Email Application or Questions to: cares@shoalwaterbay-nsn.gov

PART 1 – APPLICANT INFORMATION

Applicant Name _____
(Head of Household)

Tribal Enrollment No. _____ Contact Phone No. _____

Email _____ Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address _____ City _____
(if different than mailing)

State _____ Zip Code _____ Number in Household _____

Tribal members in Household:

NAME	Relation	DOB	Tribal No.



NAME	Relation	DOB	Tribal No.

If legal guardian or custodial parent, please provide proof of legal guardianship or custody.

PART 2 – ECONOMIC NEED

Since March 1, 2020, I have experienced the following (check any or all that apply) economic impacts due to the COVID-19 Pandemic:

Unemployment

Loss of self-employed/business income

Increased utility costs

Increased household cleaning costs

Increased personal care costs, e.g.,
for protective masks and measures

Increased costs for child care

Housing costs increase, foreclosure, eviction,
rent

Increased health care costs, unreimbursed
prescription, supplements, counseling

Increased costs for isolation or quarantine
due to positive test or COVID-19 exposure

Eldercare, increased costs due to COVID-19

Reduced employment

Increased food costs

Increased costs for telework

Increased costs for distance learning
for school

Increased costs for looking for work

Transportation costs for medical
for testing and procedures

Other unanticipated costs due to
COVID-19 as described below:



PART 3 – CERTIFICATION

I certify that I have been directly impacted by the COVID-19 pandemic as checked above and that I will use any funds I receive from the Tribe's COVID-19 Assistance Program solely to address the COVID-19 related expenses identified in Part 2 above. I certify I meet the Tribal member COVID-19 Assistance Program requirements, and the information contained herein is true and correct to the best of my knowledge. I agree that if I do not use these funds in compliance with the Tribe's COVID-19 Assistance Program, I will repay the funds to the Shoalwater Bay Tribe.

Applicant Signature _____ Date ___/___/___

Other Adult Signature _____ Date ___/___/___

OFFICIAL USE

Date Received _____ Enrollment Verified _____ Date _____

Amount: \$ _____ Certification Verified _____ Date _____