## 2020 Puyallup Tribe of Indians COVID-19 Emergency Assistance Intake Form

We understand that COVID-19 has impacted everyone with some more impacted than others. We cannot guarantee that we can make anyone whole, but we want to help alleviate some of the burden that you have felt during this pandemic. The intent of this program is to assist with financial obligations, general household, and personal living expenses. This funding shall not be used on assistance that is covered through any other program at the Tribe or elsewhere (no double-dipping). Requests will be limited to two (2) per month. Awards are capped at \$4,000 per adult member and \$750 per minor member paid to the parent or legal guardian.

Please explain how COVID-19 has impacted you and your household. Eligible loss or impacts may include both economic losses and mitigation response expenses to COVID-19. Eligible losses may include the loss of employment, reduction in hours, loss of income source due to cancelled events, increased food or utility costs, purchase of masks, hand sanitizer, or any additional home educational expenses.

## **Submission Process**

Forms may be filled out online at <a href="www.puyalluptribe-nsn.gov">www.puyalluptribe-nsn.gov</a> or email this form to CAP@puyalluptribe-nsn.gov by December 1, 2020. Upon receipt of a properly completed application, we anticipate that it will take up to 14 business days to process and mail out checks with no more than two processed in a month. No check will be released until there is a completed application, proper documentation of losses, and identification.

## **Application Information (one application per family unit)**

Your First Name: MI: Last Name:

Mailing Address:	(	City, State, Zip:		
Phone Number: ()		Email Address:		
Adult and Minor Household Members				
Name	DOB	Tribe	Enrollment #	

## 2020 Puyallup Tribe of Indians COVID-19 Emergency Assistance Documentation Statement

Full Name:	Enrollment #:	DOB:
Total Economic Losses and/or Mitigating 2020, as a result of COVID-19: \$		
Check all that apply:  ☐ Furloughed/Standby ☐  ☐ Received Unemployment ☐  ☐ Educational Expenses ☐  ☐ Health and Safety Precautions ☐	Reduced Hours Loss of Income Work Expenses Other expenses in res	
Type of documentation: $\square$ Receipt(s)  Justification and explanation of document		ank Statement   Other
Certification of Emerge	ncy Assistance during	g COVID-19
I, am certifying I am guardian of a Puyallup Tribal minor menuse these assistance funds for financial ovehicle insurance, car payments and upk understand that I am responsible for any of all related expenses.	nber. If I receive assist bligations such as: ren eep, general household	t and mortgage payments, home and and personal living expenses. I
By my signature below, I declare that all information, false information/altered do subjected to one-year penalty of no assis information on this form will be in violated 5.12.670.	cuments will result in tance should an attemp	immediate denial. Applicant will be of the made. Providing false
Signature	_	Date