2023 ARPA Assistance Program Application

Must be completed and received by 3/31/2023 for application to be accepted.

Please fill in full name of applicant/minors and amount requesting up to a maximum of $2000 per person

Full Name of Main Applicant	_____	1	X	_____$2,000_____
Tribal Minor in the household	_____	1	X	_____
Tribal Minor in the household	_____	1	X	_____
Tribal Minor in the household	_____	1	X	_____
Tribal Minor in the household	_____	1	X	_____
		TOTAL REQUEST	$	_____

_____

Current Mailing Address   State   ZIP

_____

Phone Number   Cell Phone Number

For Cellphones: Text communication okay?

Yes   No

Voter Registration (OPTIONAL)

Register to vote in 2023-2024 Tribal elections   _____ Yes, I would like to register to vote

(Please initial next to your preference)   _____ No, I do not wish to register to vote

Self-Certification

I, _____(full name) understand that this program is funded by American Rescue Act approved by congress and distributed to governments for the purpose of responding to public health emergency of COVID-19 and its negative economic impacts. Furthermore, I understand that the funds received are to aid in the rising cost of living due to inflation caused by the economic downfall of following COVID-19 pandemic. I also understand that some or all of the funds I requested may be denied or reduced due to new federal guidelines or budgetary constraints. Additionally, I certify that I have been affected by **some or all** of the following: increase in living expense, increase in cost or need of medical or mental health services, decrease in economic opportunity, decrease in assistance programs, decrease in essential services in the community.

_____   _____

Signature of Main Applicant or Parent/Guardian   Date

Application Received on (Date)   _____

Application Checked for completeness by   _____

Information updated by   _____

Voter Registered by   _____

Check Request sent on   _____by   _____

Check Printed and mailed on (date)_____

Delivery method   _____