



# Susanville Indian Rancheria COVID ASSISTANCE (ARPA) APPLICATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Enrollment #: \_\_\_\_\_

By signing below, I certify that I have been negatively impacted by the Covid-19 public health emergency. In addition, the payment is in response to my application for financial assistance to offset the impact of Covid-19.

I further certify and represent that the funds I received under the Covid Assistance Program funded through the American Rescue Plan Act (ARPA), will only be used to purchase essential goods and services including, but not limited to, housing, utilities, groceries, hygiene items, cleaning and disinfecting supplies and other household necessities.

I certify that the information in my application is true and correct to the extent of my knowledge. I understand that submitting false information and/or documentation may be a crime punishable under Tribal and Federal Law. I understand that false information is also a basis to disqualify me for future assistance.

Please mark the assistance requested as per your eligibility below:

- **SIR Seniors ages 55 years of age and older:**
  - \$750
- **SIR Adult applicants ages 18 to 54 years of age:**
  - \$500
- **SIR minor applicants ages 0-17 years of age:**
  - \$250

Signature of Tribal Member: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parents or legal guardians can apply for eligible dependents by listing children or dependents below)*

Name	Enrollment #	Age	Relationship to applicant

**DEADLINE – FRIDAY, JULY 29, 2022**