



**Susanville Indian Rancheria
 COVID-19 INFLATION RELIEF
 ASSISTANCE (ARPA) APPLICATION FOR 2022 & 2023**

Head of Household Name: _____ Enrollment #: _____

Physical Address: _____

Mailing Address (if different): _____ Phone #: _____

Delivery of funds (Circle one): Check Direct Deposit

(If selecting direct deposit I understand that SIR will use the direct deposit I have on file, if there is a change I will submit a new form, if there is no direct deposit information on file a check will automatically be sent)

Please indicate below which of the following circumstances that you or your household have qualified for since August of 2022.

- Household experienced unemployment and/or is in need of assistance for job training
- Assistance with home repairs Need for housing assistance Need for food or utility assistance
- Other: _____

****Please list all eligible dependents below. If there are additional dependents, please use a second application.*

Name	Enrollment #	Age	Relationship to applicant

By signing below, I swear or affirm that the information I have given is true and that I am providing it to the Susanville Indian Rancheria to determine your eligibility for the Covid-19 Inflation Relief Program. I understand that providing false information in this application may subject me to criminal penalties.

Signature of Tribal Member or Guardian: _____ Date: _____

* OFFICIAL Use ONLY *	Date sent to fiscal: _____	Check Run date: _____
Amount Authorized to Pay: _____	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit
Minor Child Custody Verified by Enrollment: _____		
Information logged into ARPA 2022/2023 spreadsheet: _____		
By initialing below, I have verified this individual is eligible for the amount/program listed above.		
Social Services Staff: _____	Social Services Director or Tribal Administrator: _____	
Fiscal Received: _____	Entered into system: _____	
Check or direct deposit issue date: _____		
Fiscal sign off: _____		