



Hopi Tribe Pandemic Recovery Committee

Hopi COVID-19 General Welfare Emergency Assistance Program Application

This application is provided to individuals seeking emergency assistance through the Hopi Tribe's COVID-19 General Welfare Emergency Assistance Program. The program is offered to provide emergency assistance to individuals who have been impacted by the COVID-19 public health emergency. All applicants must be enrolled members of The Hopi Tribe who were 18 years of age on July 31, 2023; any persons who do not meet these criteria will not be eligible to apply for the assistance.

The amount of assistance that is awarded through this program is a one-time assistance amount of \$2,000.00 for Hopi Tribe enrolled members over 18 years of age. The program is funded by an allocation from the State and Local Fiscal Recovery Fund as approved by Hopi Tribal Council. Please complete the following application, attach any documentation you feel supports your claims in Section B on the next page and submit it to the Hopi Tribe Pandemic Recovery Committee (HTPRC) by March 1, 2024.

Participant Applications: To participate in GWEAP, an Applicant shall first submit an Application using the electronic portal or forms provided by the HTPRC. Fillable forms are available at <https://www.hopi-nsn.gov/hopi-tribe-pandemic-recovery-committee/> for applicants to complete and print. Blank printed forms are available for pickup from your Village Administration or the Tribal Administration.

- The Tribe strongly encourages Applicants to submit such Applications through a secure portal at portal.hopi-nsn.gov.
- Applications for the SLFRF Program may also be submitted to the Tribe by mailing or dropping off the Applications to the following address:

Mail: P.O. Box 123 c/o GWEAP, Kykotsmovi, AZ 86039

Drop-off: Hopi Tribal Administration Building, One Main Street c/o GWEAP, Kykotsmovi, AZ 86039



**State and Local Fiscal Recovery Fund
Hopi General Welfare
Emergency Assistance Program Application**

Section A – Applicant Information

Asterisk indicates a required field

*Tribal Enrollment #: _____ *Date: _____

*First Name: _____ *Middle: _____ *Last: _____ Suffix: _____

*Mailing Address/PO Box: _____ *Apt. # _____

*City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ *Cell Phone: _____

Email Address: _____

*Date of Birth: ____/____/____ *Age: _____ *Social Security #: ____/____/____

Section B – Items Related to COVID-19

Public Health and negative economic situations have evolved due to the Coronavirus pandemic causing households to be impacted or disproportionately impacted. (Mark all that apply)

1. Unemployment/ Loss of Income
 Yes No
2. Out of Labor Force
 Yes No
3. Unable to Pay Bills/ Childcare/ Continued Education
 Yes No
4. Increased Food Costs/ Housing Security
 Yes No
5. Health Disparities (e.g., increased medical bills)
 Yes No
6. Unreimbursed reasonable & necessary personal living, family, funeral or other unplanned expenses incurred due to Covid-19 Disaster
 Yes No

Section C – Applicant Check List

ALL REQUIRED supporting documents must be attached for review and approval.

A. Proof of Tribal Enrollment

- Your Hopi Tribal Enrollment Card and/or Certificate of Indian Blood (CIB)

B. W-9 Form

- The W-9 is required for entry into the Tribe’s accounting system so that payments can be processed. Assistance under the COVID-19 General Welfare Emergency Assistance Program is not taxable to recipients pursuant to the Hopi Tribe General Welfare Assistance Policy. The name on the application must match the legal name on the W-9.

Certification and Attestation

By signing this application, I certify that all information provided is true, correct and complete to the best of my knowledge. I understand that any falsification, omission or concealment may subject me to administrative, civil or criminal liability.

Signature

Date

Additional Information:

- Individuals must be 18 years as of July 31, 2023 to qualify.
- Individuals must be an enrolled Hopi Tribal member as of July 31, 2023.
- Failure of an applicant to provide additional information or supporting documents requested within 30 days of notification shall be automatically dismissed. Automatic dismissal is cause for re-submission of a new application.
- Payments issued will be made to the address on the W-9 Form. Please make sure this address is current and correct. Checks returned to the Tribe, a contact will be made to awardee to re-issue the check. Re-issuing of the check will be done on a **one time only** basis. IF awardee does not respond or no contact is made after 90 days the award is forfeited and no further action is taken.
- Please redeem the check as soon as received. If not redeemed within the 90 days of the date on check, the award is considered forfeited.

As a reminder, Application must be submitted no later than **March 1, 2024**.