



Timothy L. Nuvangyaoma
CHAIRMAN

Clark W. Tenakhongva
VICE-CHAIRMAN

Coronavirus Relief Fund Hopi CARES General Welfare Emergency Assistance Program Application

Section A - Applicant Information

First Name Middle Name Last Name

Mailing Address/PO Box

City State Zip Code

Home Phone # Cell Phone # Message #

Email Address Enrollment Number

Date of Birth Social Security Number

Are you employed/self-employed? Yes No

Employer Name and Address

Do you have dependent children or wards? Yes No How many?

Section B - Items Related to COVID-19 (mark all that apply)

Temporary and necessary assistance for personal, living, and family expenses incurred due to the Coronavirus pandemic as of March 1, 2020, such as:

1. Family support (having at least one child under the age of 18 in the home) for educational expenses and/or childcare
 Yes No
2. Disaster Stabilization for applicant that has/had been laid off or had work hours reduced
 Yes No
3. Financial assistance with utility payments
 Yes No
4. Food assistance
 Yes No
5. Assistance for denied medical and/or health services
 Yes No

Section C - Applicant Check List

All required supporting documents must be attached in order to review and make a determination:

Proof of Tribal Enrollment

Proof of Tribal Enrollment includes:

- Hopi Tribal Enrollment Card.
 - If you do not have proof of enrollment, Tribal Administration will verify with the Enrollment Department.
 - Hopi Tribal or Other Identification Card for each claimed dependent.
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Types of supporting documentation should include:

- Proof of Hardship (Anything from employer saying laid-off, hours/salary reduced, last check stub, etc.)
 - Proof of self-employment status (business license, peddler's permit, etc.)
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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 Hopi CARES Program is not taxable to recipients pursuant to the Hopi Tribe General Welfare Assistance Policy.

Certification

By signing this application, I certify that all information provided is **true and correct**. I have had the opportunity to read and understand the Hopi Tribe General Welfare Assistance Policy and the Coronavirus Relief Fund Program Policies and Procedures. In the event that my COVID-19 related needs are less than the assistance received, I agree to return any excess funds to the Hopi Tribe.

Signature

Date