



Shoshone-Bannock Tribes
CARES Act General Financial Assistance
Application Form

Financial Need

Between March 1, 2020 and August 31, 2020, I/we have experienced/expect to experience the following (**YOU MUST CHECK AT LEAST ONE**) economic impacts caused by the COVID-19 Pandemic:

- | | |
|--|---|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Reduced employment |
| <input type="checkbox"/> Increased utility costs | <input type="checkbox"/> Increased food costs |
| <input type="checkbox"/> Increased household cleaning costs | <input type="checkbox"/> Increased medical expenses |
| <input type="checkbox"/> Increased personal care costs for personal protective equipment and other protective measures | <input type="checkbox"/> Increased costs for telework, looking for work or children's distance learning |
| <input type="checkbox"/> Loss of self-employment/business income | <input type="checkbox"/> Transportation costs for medical testing and procedures |
| <input type="checkbox"/> Housing cost increase, foreclosure, eviction, rent | <input type="checkbox"/> Other unanticipated costs due to COVID-19 (Please list): |
| <input type="checkbox"/> Health care costs, unreimbursed prescriptions, supplements, counseling | _____ |
| <input type="checkbox"/> Increased costs for isolation or quarantine due to positive test or COVID-19 exposure | _____ |
| | _____ |

Certification

- I/we certify that the information contained herein is true and correct to the best of my/our knowledge.
- I/we certify that these CARES Act funds I/we received from the Tribes shall be used for the economic impacts of COVID-19 for me (and/or my family) that I/we have and are experiencing.
- I also certify that I have physical custody and/or legal guardianship for the above-named children or dependents.

Applicant Signature: _____ *Date:* ___/___/___

APPLICATION WILL BE RETURNED TO APPLICANT IF NOT FILLED OUT COMPLETELY

OFFICIAL USE (Do not Fill-In)	Eligible Tribal Members: _____	Date Received: ___/___/___
Reviewed by: _____		Date Reviewed: ___/___/___