





**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**

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