

APPLICANT FULL NAME _____

TRIBAL ID NO: _____



LAC DU FLAMBEAU TRIBE - ECONOMIC SUPPORT
COVID-19 ADULT TRIBAL MEMBER (18+) ASSISTANCE APPLICATION

*** Non-Tribal parent or guardian may apply for funding to assist with internet services for distance education of a child who is an enrolled Tribal Member***

MUST PROVIDE COPY OF DOCUMENTATION FOR PAYMENT REQUEST.

CHECK ALL THAT APPLY TO THE HOUSEHOLD

- I have experienced a job loss or reduction in income due to COVID-19, please explain:

- Terminated from Employment due to Pandemic related issue, please explain:

- Furloughed from Employment; effective: _____
- I receive my primary monthly income from the Social Security Administration.
- I receive Veterans Administration disability.
- I receive assistance from a federally funded Program (FoodShare, TANF, Commodities, WIC etc.)
- Tribal Member owned business closed or running at diminished capacity due to COVID-19
- Tribal Member 18 and older **and I do not meet any of the criteria above.**

TYPE OF EMERGENCY/CRISIS

I am experiencing the following:

- Difficulty making Utility payments, please identify
 - Propane
 - Electric / Natural Gas
 - Water and Sewer
- Difficulty making rent/mortgage payments.
- Difficulty making internet payment for child/children’s distant learning or telework.
- Other – Car Payment, Car Insurance, Homeowners Insurance, Car Repair

Describe: _____

SECTION 1. APPLICANT INFORMATION

Applicant Full Name _____
Last Name First Name Middle Name

DOB: _____ SSN: _____ Telephone Number: _____

Mailing Address: _____

Physical Address: _____

SECTION 2. TYPE OF EMERGENCY/CRISIS

Propane: Vendor _____ Account # _____

Electric/Natural Gas: Vendor: _____ Account # _____

Water – MUST PROVIDE BILL

Sewer - MUST PROVIDE BILL

Rent/Mortgage – MUST PROVIDE VERIFICATION OF RENT BILL OR LEASE

**Internet for Distant Learning, MUST PROVIDE LETTER FROM SCHOOL ON DISTANCE LEARNING OR TELEWORK
COMPLETE ONLY IF REQUESTING INTERNET FOR SCHOOL DISTANT LEARNING:**

TRIBAL CHILDS FULL NAME: _____ Tribal ID: _____ Grade: _____

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TRIBAL CHILDS FULL NAME: _____ Tribal ID: _____ Grade: _____

TRIBAL CHILDS FULL NAME: _____ Tribal ID: _____ Grade: _____

TRIBAL CHILDS FULL NAME: _____ Tribal ID: _____ Grade: _____

Other _____

By signing below, you make the following representations, authorizations and certifications.

I certify that:

- I have experienced income loss or deficit as a result of change in employment status or market changes due to the Coronavirus Pandemic.
- I have met at least one of the eligibility criteria.
- By signing this form, I am authorizing LDF Economic Support to work with my vendors on obtaining documentation, payment, balances due.
- Fraud Statement: I understand falsification of this information shall be grounds for denial of application and/or non-eligibility to receive future assistance. Fraud Cases may be forwarded to the Tribal Prosecutor if further action is needed.

Applicant's Signature: _____ **Date:** _____