

ARPA Assistance to Households Application Lac du Flambeau Tribal Members

ELIGIBILITY REQUIREMENTS: LDF Tribal Member 18 years of age and older as of August 1, 2021 residing on and off reservation.

We understand that COVID-19 has impacted everyone with some more impacted than others. We cannot guarantee that we can make anyone whole, but we want to help alleviate some of the burden that you have felt during this pandemic. The intent of this program is to assist with financial obligations, general household, and personal living expenses. Assistance to households are capped at \$3,200 per adult member.

Please explain how COVID-19 has impacted you and your household. Eligible loss or impacts may include both economic losses and mitigation response expenses to COVID-19. Eligible losses may include the loss of employment, reduction in hours, loss of income source due to cancelled events, increased food or utility costs, purchase of masks, hand sanitizer, or any additional home or educational expenses either due to COVID-19 or inflationary prices that have resulted due to COVID-19.

INCOME Restrictions: Qualification for this payment is based upon the income guidelines established by the Federal government for the COVID-19 stimulus payments.

Submission Process

Applications may be obtained online at www.LDFTribe.com and a copy will be mailed to all Tribal Members 18 & older as of August 1, 2021. Application can be submitted by one of the following ways:

- Mailed to address above *or* deposited into the designated lock box located at the main entrance of the Tribal Center at 418 Little Pines Road.
- Faxed to Tribal Operations/Enrollment 715-588-3746 or emailed to arpaapp@ldftribe.com.

A requirement set forth by the Lac du Flambeau Tribe is that application must be submitted in order to receive your ARPA Assistance to Households Payment. No check will be released until an application is completed and individuals must show a valid ID when picking up check during the distribution hours.

Applicant Information

Full Name: _____ Tribal ID Number: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____ Phone Number: _____

COVID-19 Assistance to Household Documentation Statement

1. Was the applicant's adjusted gross income in 2020 equal to or less than \$75,000 for a single person, \$112,500 for a head of household, or \$150,000 for a married couple (combined income of both spouses)? **Yes** ____ **No** ____
2. Please provide explanation of why you are in need of this assistance (Check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Furloughed/Standby | <input type="checkbox"/> Reduced Hours | <input type="checkbox"/> Loss of Income |
| <input type="checkbox"/> Increased Work Expenses | <input type="checkbox"/> Increased food, utilities costs | <input type="checkbox"/> Increased Educational Expenses |
| <input type="checkbox"/> Increased Childcare Expenses | <input type="checkbox"/> Health and Safety Precautions | <input type="checkbox"/> Other expenses in response to COVID-19
<i>(please explain below)</i> |

Certification of Emergency Assistance during COVID-19

I, _____ am certifying I am a member of the Lac Du Flambeau Band of Lake Superior Chippewa Indians. By my signature below, I declare that all of the above statements are true and accurate.

Tribal Member Signature

Date