

# Keweenaw Bay Indian Community

## COVID-19 INFLATION RELIEF PROGRAM



### APPLICATION FOR ASSISTANCE (Outside of Baraga and Marquette Counties)

Name:

SS #:

DOB:

ENROLL #:

Mailing Address:

Physical Address (if different from mailing):

City:

State:

ZIP:

County:

E-Mail:

Phone:

Circle type:

Home      Mobile  
Work      Message

*Indicate any of the below circumstances that you or your household have qualified for since the beginning of the COVID-19 pandemic in March 2020 :*

\_\_\_\_\_ Received services provided by a Tribal Government;

\_\_\_\_\_ Household experienced unemployment

\_\_\_\_\_ Received Specified Financial Assistance

Programs include: Childcare Subsidies through Child Care and Development Fund Program, Pell Grants, Section 8 Vouchers, Supplemental Security Income (SSI), Temporary Assistance for Needy Families program; Low-Income Home Energy Assistance Program (LIHEAP)

\_\_\_\_\_ Received Specified Food Assistance or Health Assistance

Programs include: Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, & Children (WIC), Children in household qualified for free or reduced-price school lunch and/or breakfast program, Medicaid Medicare Part D Low-Income Subsidies, Children's Health Insurance Program, Experienced, limited or uncertain access to adequate food due to limited financial resources

\_\_\_\_\_ Need for Housing Assistance

\_\_\_\_\_ Other: \_\_\_\_\_

I, \_\_\_\_\_, swear or affirm that this information is true and provide it to the Keweenaw Bay Indian Community for the Community to determine my eligibility for the COVID-19 Inflation Relief Program. I understand that providing false information in this application may subject me to criminal penalties under the Community's Tribal Code.

*I have indicated only circumstances that have applied to me or my household since the beginning of the COVID-19 pandemic in March 2020. All information provided is true and accurate based on my personal knowledge or based upon a reasonable belief after I have inquired into the relevant circumstances.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

■ Keweenaw Bay Indian Community  
**COVID-19 INFLATION  
RELIEF PROGRAM**



**VERIFICATION FORM**

(Only necessary if a form has not been previously completed)

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

Name:

SS #:

ENROLL #:

DOB:

Mailing Address:

Physical Address (if different from mailing):

City:

State:

ZIP:

County:

The Inflation Relief Program is intended to help households that have experienced significant hardships as a result of COVID-19 pandemic. By your signature below, you assert that your household has been impacted from the pandemic, and that this one-time benefit is not in excess of the amount you need to address the public health emergency or its negative effects.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Certificate of Notary Public**

In the State of \_\_\_\_\_, County of \_\_\_\_\_,  
this document was signed before me on this \_\_\_\_ day  
of \_\_\_\_\_, in the year \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

*Return Forms to: Enrollment Department/Inflation Relief Program  
16429 Bear Town Rd, Baraga MI 49908*