

Keweenaw Bay Indian Community COVID-19 INFLATION RELIEF PROGRAM



APPLICATION FOR ASSISTANCE - Baraga and Marquette

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: _____