

**SHOSHONE-PAIUTE TRIBES OF THE DUCK VALLEY INDIAN RESERVATION
ARPA COVID-19 FISCAL RECOVERY FUND
HOUSEHOLD ASSISTANCE GRANT PROGRAM
APPLICATION/CERTIFICATION OF NEED**

*The Shoshone-Paiute Tribes of the Duck Valley Indian Reservation, P.O. Box 219 Owyhee, NV 89832
Phone: (208) 759-3100, www.shopaitribes.org*

A separate ARPA Fiscal Recovery Fund Household Assistance Grant Program application must be completed and signed by each enrolled adult tribal member 18 years old and above (as of December 31, 2022) who has been adversely impacted by the COVID-19 public health emergency, and is resident in the home stated in the application as of the date of the application. Any eligible adult tribal members who experienced unemployment, increased food insecurity, increased housing insecurity, is low-income or moderate-income, or who has experienced specific economic impacts from the public health emergency due to the COVID-19 pandemic, is eligible for cash assistance of up to \$1,000. THE DEADLINE TO SUBMIT APPLICATION is December 31, 2022. Separate checks will be mailed to each eligible adult enrolled applicant completing an application.

PART 1 – APPLICANT INFORMATION

PLEASE COMPLETE APPLICATION IN ITS ENTIRETY, SIGN, DATE AND MAIL OR EMAIL APPLICATION TO:

**Shoshone Paiute Tribes
Cares Act Manager
PO Box 219
Owyhee, NV 89832**

OR

thacker.yvette@shopai.org

Applicant Name _____ Date of Birth _____

Tribal Enrollment No. _____ Contact Phone No. _____

Email _____ Mailing Address _____

City _____ State _____ Zip Code _____

PART 2 – ECONOMIC NEED

A. INDICATE YOUR COVID-19 RELATED NEED. Please check all relevant boxes that apply, and state the amount of *increased monthly expenses* your household incurred, due to quarantine, a stay-at-home order, caring for a sick, elder, or at-risk family member, having school-age children remotely schooled, having increased childcare costs, or other COVID-19 impacts per month from April 16, 2022 through present day. Eligible enrolled adult members may receive the full Household Assistance Grant amount or may be eligible for *up to* the full amount based on the completed and signed

application (indicate increased monthly costs caused by the public health emergency incurred by your household):

- Increased utility costs (\$ _____/mo.)
- Increased personal care costs (e.g., PPE) (\$ _____/mo.)
- Increased out-of-pocket costs for medication/testing, unreimbursed prescription costs (\$ _____/mo.)
- Unreimbursed costs for medical equipment (\$ _____/mo.)
- Increased Cleaning Costs (e.g., supplies and cleaning company/personal services) (\$ _____/mo.)
- Increased Food Costs (\$ _____/mo.)
- Unreimbursed costs for supplements, counseling/therapy (\$ _____/mo.)
- Emergency Room /After-hours health clinic costs (not covered by insurance) (\$ _____/mo.)
- Increased Childcare (\$ _____/mo.)
- Eldercare costs due to COVID-19 (\$ _____/mo.)
- Job training costs (\$ _____/mo.)
- Increased internet/telework costs (\$ _____/mo.)
- Increased education and school supply costs associated with remote learning (\$ _____/mo.)
- Increased costs for looking for work (\$ _____/mo.)
- Other added household expenses (e.g., additional food costs (hosting relatives or friends), transit or fuel costs for medical testing or to locate food, home goods, and essentials)
- Other increased costs not listed above (please be specific) _____
- Other increased costs not listed above (please be specific) _____
- Other increased costs not listed above (please be specific) _____

B. COVID-19 – RELATED NEGATIVE ECONOMIC IMPACTS.

1. Since February 16, 2022, 2021 through present day, were you ever unemployed as a result of the public health emergency due to the COVID-19 pandemic? Yes No If yes, how long? _____
2. Since February 16, 2022 through present day, were your work hours reduced, did you take a job with a reduced salary, or if self-employed, did you suffer a substantial drop in income in 2020 as a result of the COVID-19 pandemic? Yes No
3. Were there times when you did not have sufficient funds to cover food expenses, or deferred other bills, to buy food as a result of the COVID-19 pandemic? Yes No
4. Since February 16, 2022 through present day, were you ever evicted, stayed with friends or relatives due to limited funds, or were homeless as a result of the COVID-19 pandemic? Yes No

PART 3 – ADJUSTED GROSS INCOME (AGI) LEVEL

- a) If completing the application as an individual, what was your AGI income in 2021? Less than \$25,000; \$25,000 - \$50,000; Over \$50,000 - \$75,000; Over \$75,000.
- b) If completing the application as a married couple, what was your household AGI income in 2021? Less than \$50,000; Over \$50,000 - \$75,000; Over \$75,000 - \$100,000; Over \$100,000 - \$150,000; Over \$150,000.
- c) If completing the application as a “head of household,” what was your AGI income in 2021? Less than \$50,000; Over \$50,000 - \$75,000; Over \$75,000 - \$100,000; Over \$100,000 - \$112,500; Over \$112,500.

PART 4 – APPLICANT CERTIFICATION

(An unsigned or incomplete application will not be processed by the Shoshone-Paiute Tribes)

By my signature below, I declare and certify that the information provided herein, and any documentation I may include with this application, is true and correct. I hereby acknowledge that any ARPA Fiscal Recovery Fund Household Assistance payments I receive based on inaccurate statements or submissions, or based on any material omissions, are subject to possible recoupment by the Shoshone-Paiute Tribes and/or the United States Government. My submission of inaccurate statements or submissions, or a material omission by me, may be cause for the Tribes to seek other remedies available by law. I further agree to assist the Tribes by providing any additional information required for this application upon reasonable request by the Shoshone-Paiute Tribes.

Applicant signature

Applicant Enrolled No.

Date

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE

Date Application Received ___ / ___ / ___ Enrollment Verified _____ Date ___ / ___ / ___

Certification of complete application Verified _____ Date ___ / ___ / ___

Amount of ARPA Household Assistance \$ _____ Date Check(s) issued: ___ / ___ / ___

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