



COVID-19 Assistance Application Form

The COVID-19 Assistance Program is designed to provide economic assistance to enrolled Tulalip Tribal members age 18 and above, who have experienced financial hardships due to the effects of the COVID-19 pandemic. Funding of this program is in accordance with the BIA 5500 Funding and/or the federal CARES Act Relief Fund and is non-taxable as a Tribal general welfare assistance program. Please refer to the Tribe's COVID-19 Assistance Program Policy for details on eligibility and use of this assistance. A copy of this policy is available upon request.

PART 1 – APPLICANT INFORMATION

Name _____ DOB _____ Tribal Enrollment No. _____

Telephone Number: _____ Email address: _____

DISTRIBUTIONS: There are 2 ways for Tribal Members to get their **\$460 Key Bank card**, please check which one you would prefer:

Pick up at Finance Cashier's window on Tuesday or Thursday from 9 am – 12 pm

Certified mail

Only one Key Bank card per Tribal Member 18 years of age and older (must be 18 on the date card is issued). Applications will be accepted until July 23, 2021.

Applications can be found at www.tulaliptribes-nsn.gov and can be returned to caresact@tulaliptribes-nsn.gov. Applications will begin being accepted on June 15th. ***Cards will be handed out on June 21st. Mailed and finance window pick up will not be available until June 24, 2021. Cards for pick up at Finance window or mailed will be available one week after application is received, staff will email or call applicant to let them know it is ready for pick up.***

PART 2 – ECONOMIC NEED

The Tulalip Tribes Board of Directors have determined that there is a known community need due to negative COVID19 economic impacts.

PART 3 – CERTIFICATION

I certify these funds shall be used for the economic impacts of COVID-19 and I meet the Tribal member COVID-19 Assistance Program requirements, and the information contained herein is true and correct to the best of my knowledge. If I do not use these funds in compliance with the Tribe's COVID-19 Assistance Program, I may have to repay the funds to the Tulalip Tribes.

Signature _____ Date _____

Key Possibilities Card number: _____ *(to be completed by staff)*

Card Recipient Acknowledgement Signature and Date: _____