



## **INSTRUCTIONS for COVID-19 Assistance Application Form**

The Tulalip Tribes has developed the COVID-19 Assistance Program to provide emergency economic assistance to enrolled Tribal members who have experienced financial hardships during the COVID-19 pandemic, utilizing CARES Act funding from the federal government, and also meet the tax-exempt Tribal General Welfare Exclusion Act requirements. Combined, these federal regulations and funding require an assessment of general welfare need of individual members, and this application and the Tribal member certification to document your need. Below are some general instructions for completing your application.

1. Fill out the application for all enrolled Tulalip tribal members in your household, as well as individuals who are eligible for enrollment as of June 30, 2020, were alive as of June 30, 2020, and who will be enrolled by August 31, 2020, ("Eligible Tribal Member Children"). The Tribe will make payments to each adult, and as applicable, one adult in the household will receive a payment that includes the tribal member children, as has been the case for other tribal distributions.
2. If you do not have any enrolled or eligible tribal member children, and you are a single, tribal member adult, fill out the application for yourself and leave the rest blank.
3. If you are a non-member that has legal custody or guardianship of enrolled or eligible tribal member children, please fill out the Head of Household information, and leave the Tribal Enrollment Number blank. If the Tribe already has records of your legal custody or guardianship records, you do not need to submit them again with this form.
4. In Part 2, please check any and all boxes that you have or are experiencing, and if you have a financial hardship not listed, please include in the "Other unanticipated costs due to COVID-19" and provide a brief description.
5. Your certification is critical to your eligibility and tax-exemption, therefore ensure you are able to verify your circumstances and data should the federal government and/or IRS request additional information.
6. The form is a fillable PDF form, you may download the application from the Tulalip Tribes' website at . You must sign the application. Completed applications can be sent by email to: [caresact@tulaliptribes-nsn.gov](mailto:caresact@tulaliptribes-nsn.gov), or by U.S. Mail, addressed to Tulalip Tribes Admin Bldg 6406 Marine Drive, Tulalip, WA 98271, or dropped off with the CSR Desk at the Admin Building, 6406 Marine Drive, Tulalip, WA 98271.
7. The Tribe will verify tribal member enrollment and that there are needs identified in Part 2 for approval of the COVID-19 Member Assistance to be distributed.
8. Should you have the circumstance that you were not eligible for this assistance it is not needed, please return the funds by September 30, 2020, by emailing a check or money order to: Tulalip Tribes Admin Bldg, 6406 Marine Drive, Tulalip, WA 98271

### **SUBMISSION DEADLINE BY:**

Checks will be mailed to the address listed on your application. Checks may take up to two weeks after your application has been received.

**Applications received or postmarked after midnight November 23, 2020 will NOT be processed.**



### COVID-19 Assistance Application Form

The COVID-19 Assistance Program is designed to provide economic assistance to enrolled Tribal members who have experienced financial hardships due to the effects of the COVID-19 pandemic. Funding of this program is in accordance with 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.

**DISTRIBUTIONS:** Checks will be mailed to the address listed on your application. Checks may take up to two weeks after your application has been received.

**APPLICATIONS RECEIVED OR POSTMARKED AFTER MIDNIGHT ON NOVEMBER 23, 2020 WILL NOT BE PROCESSED.**

Download application from:

Applications can be dropped off with the CSR Desk at the Admin Building.

Email Application to: caresact@tulaliptribes-nsn.gov

Mail Application to: Tulalip Tribes Admin Building, 6406 Marine Dr, Tulalip, WA 98271

#### PART 1 – APPLICANT INFORMATION

Applicant Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Tribal Enrollment No. \_\_\_\_\_ Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_

(if different than mailing)

State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Additional Tribal Members in Household

NAME	Relationship	DOB	Enrollment No.	Soc Sec No.

Any children subject to court order for custody or guardianship? ☐ Yes ☐ No

If yes, attach court orders for custody or guardianship if not on file with the Tribe.

## PART 2 – ECONOMIC NEED

Between April 1, 2020 and November 23, 2020, I/we have experienced/expect to experience the following (check all that apply) economic impacts caused by the COVID-19 Pandemic:

- |  |   |
|--|---|
| <input type="checkbox"/> Unemployment  | <input type="checkbox"/> Reduced employment   |
| <input type="checkbox"/> Increased utility costs   | <input type="checkbox"/> Increased food costs   |
| <input type="checkbox"/> Increased household cleaning costs  | <input type="checkbox"/> Increased medical expenses   |
| <input type="checkbox"/> Increased personal care costs for personal protective equipment and other protective measures | <input type="checkbox"/> Increased costs for telework, looking for work or children's distance learning |
| <input type="checkbox"/> Loss of self-employment/business income   | <input type="checkbox"/> Transportation costs for medical testing and procedures                        |
| <input type="checkbox"/> Housing cost increase, foreclosure, eviction, rent  | <input type="checkbox"/> Other unanticipated costs due to COVID-19: List _____                          |
| <input type="checkbox"/> Health care costs, unreimbursed prescriptions, supplements, counseling                        | _____   |
| <input type="checkbox"/> Increased costs for isolation or quarantine due to positive test or COVID-19 exposure         | _____   |

## PART 3 – CERTIFICATION

I/we certify that the funds I/we received from the Tribe shall be used for the economic impacts of COVID-19 for me (and/or my family) that I/we have and are experiencing. I/we certify I/we meet the Tribal member COVID-19 Assistance Program requirements, and the information contained herein is true and correct to the best of my/our knowledge. I/we agree that if I/we do not use these funds in compliance with the Tribe's COVID-19 Assistance Program, I/we will repay the funds to the Tulalip Tribes.

I also certify that I have physical custody and/or legal guardianship for the above-named children.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Tribal Member Adult Signature \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICIAL USE

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed by \_\_\_\_\_ Date reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_

Eligible Adults \_\_\_\_\_ Eligible Children \_\_\_\_\_