**2021 ARPA Utility Assistance**

The Craig Tribal Council and Administration realize that the economic impacts of the COVID-19 pandemic are still present. At regular meeting, the Tribal Council has allocated a portion of the American Rescue Plan Act funds to provide a one time distribution of a $130 towards utilities and $130 Propane or Oil. *These funds are intended to assist to the basic needs.*

The following are the requirements set forth in order to qualify for funding:

[ ] Only ***one*****application** can be submitted ***per* Craig Tribal Household**

[ ] Being dually enrolled will DISQUALIFY member of any distributions.

[ ] Application must be filled out *completely* with required signature and certification

[ ] Applications will be reviewed and processed in the order that they are received

Application must be submitted to covid@craigtribe.org or mailed/faxed to info above

**PAPERWORK MUST BE SUBMITTED NO LATER THAN**

December 20th, 2021

Applicant Information

*First Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *MI*: \_\_\_\_\_\_ *Last Name*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Other Names (Maiden)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mailing Address*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *City/State/Zip*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Physical Address*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *City/State/Zip*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Birth date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Opting into our electronic database for any CTA related news.

*There is a back side to this application.*

 One-time $130 distribution to the following utility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AND**

 One-time distribution $130 to the following Propane or Oil

Please submit a copy of the utility bill and propane/oil bill that provides your account information.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the following are true and accurate. I understand that any misinformation could potentially delay my application, or have my application denied.

 I certify that I am a Tribal Member of the Craig Tribal Association that is 18 years or older.

I certify that I am not enrolled in any other tribe besides Craig Tribal Association.

I certify that I am a U.S Citizen.

I certify that the COVID-19 has impacted my ability to meet household expenses in one or more of the following ways: Job Loss, Decreased Hours, Furlough, or Increased Cost of: Child Care, Utilities, Internet, Food/Food Preparation supplies, or Fuel.

**I certify that I am submitting this form to Craig Tribal Association to request relief from financial impacts caused by the pandemic on behalf of myself.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE DATE**

**CERTIFICATION OF COMPLETENESS**

**FOR OFFICE USE ONLY**

[ ] Craig Tribal Member Approval/Denial Stamp

Dually enrolled [ ] Yes [ ] No

[ ] US Citizen

