



Nez Perce

TRIBAL EXECUTIVE COMMITTEE

P.O. BOX 305 • LAPWAI, IDAHO 83540 • (208) 843-2253

July 9, 2021

Dear Tribal Member:

The Nez Perce Tribe received funding through the American Rescue Plan (ARP). The Nez Perce Tribal Executive Committee (NPTEC) is determining how to best allocate these funds to maximize the benefit to tribal members and the Tribe as a whole. One of the first allocations will be a financial assistance distribution to tribal members.

A financial assistance distribution in the amount of \$1,500.00 will be provided to each tribal member enrolled by October 31, 2021. Tribal members will need to complete the enclosed application to receive the assistance.

Please complete the application and return by mail, or by fax to 208-843-7354 or via email to rosannag@nezperce.org. Applications may also be dropped off to the NPTEC Support office. Please use only one method to return your completed application - if you fax or email your application you will not need to mail or drop off the application.

Please return your application for the ARP financial assistance no later than July 19, 2021 to receive in the initial distribution is planned for July 28, 2021. Applications received after this date will be processed weekly. Financial assistance that is not direct deposited will be mailed.

If a child or individual who is eligible, but has not yet applied for Enrollment, must submit a complete Enrollment application to Rosanna Greene, Enrollment Specialist by Tuesday, August 10, 2021. Enrollment applications received after August 10, 2021 will not be eligible to receive the ARP financial assistance.

The ARP financial assistance is non-taxable and you will not be receiving a 1099 for these funds. Thank you.

Sincerely,

Samuel N. Penney

Samuel N. Penney
Chairman



**COVID-19 RELIEF ASSISTANCE PROGRAM
FINANCIAL ASSISTANCE APPLICATION
(separate form needed for each Adult)**

SEND FORM TO:
Nez Perce Tribe
Attn: Enrollment Office
P.O. Box 305
Lapwai, Idaho 83540
Phone: (208) 621-3678
Fax: (208) 843-7354
Email:
rosannag@nezperce.org

Name: _____ (Jr., Sr., etc.) Enrollment # _____ DOB: _____

(If applying for an incapacitated person, you must also include documentation establishing your authority to receive this payment on their behalf)

Mailing Address: _____

Physical Address: _____

Phone Number: _____ E-mail Address: _____

Minor Children in Your Custodial Care (if needed, please continue on a separate page):

Name: _____ Enrollment # _____ DOB: _____ Age: _____

Name: _____ Enrollment # _____ DOB: _____ Age: _____

Name: _____ Enrollment # _____ DOB: _____ Age: _____

Name: _____ Enrollment # _____ DOB: _____ Age: _____

Name: _____ Enrollment # _____ DOB: _____ Age: _____

Please check only one of the following: Check Direct Deposit

DIRECT DEPOSIT AUTHORIZATION

If Direct Deposit is selected, and **if your bank account has not changed from the last tribal distribution in March 2021, you do not need to provide the information below** (unless you are unsure of your previous election or this is your first time choosing to receive a payment by Direct Deposit).

Depository (Bank) Name: _____ Branch: _____

City: _____ State: _____ Bank Phone #: _____

Account #: _____ Transit/Routing No #: _____

Please check one: Checking Account Savings Account

SELF CERTIFICATION OF NEED AND COVID-19 HARDSHIPS ENCOUNTERED (check one, or all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Lost or reduced wages | <input type="checkbox"/> Mortgage or rent expense |
| <input type="checkbox"/> Unemployed during COVID-19 | <input type="checkbox"/> Internet / digital access |
| <input type="checkbox"/> Childcare or school expenses | <input type="checkbox"/> Food, sanitation, household supplies |
| <input type="checkbox"/> Medical expenses | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other – please describe: _____ | |

I hereby certify that I have, and my family has, faced disproportionate economic harms due to the COVID-19 pandemic. The information provided above is true and accurate.

Signature: _____ Date: _____