



**COVID-19 RELIEF ASSISTANCE PROGRAM
AMERICAN RESCUE PLAN ACT (ARPA) FUNDING
FINANCIAL ASSISTANCE APPLICATION**

(separate form needed for each enrolled member)

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:
enrollment@nezperce.org

_____ Vendor Number (for Finance Department use only)

Please fully complete all information on this form in order to receive a \$1,500 Financial Assistance payment. However, if you believe the information you fill in below is unchanged from what Enrollment has on file previously, please check this box to speed up processing:

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 Enrolled Nez Perce Children (under 18) in Your Custodial Care Require an Individual Form ****

Please check only one of the following: Check Direct Deposit

DIRECT DEPOSIT AUTHORIZATION

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

I hereby certify that my I, or my child if signing this form on their behalf, have continued to face disproportionate economic harms due to the COVID-19 pandemic, including hardships related to employment, housing, schooling, medical or other basic needs. The certification is true and accurate.

Signature: _____ Date: _____

If on behalf of a child, print name of person signing (must be a legal custodian): _____