

SEE PAGE 3 Regarding Information About Application for Minors

What is your COVID-related need? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Housing rent/mortgage | <input type="checkbox"/> Education | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Household Items | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Medication | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Car Payment | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Purchase of PPE |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Mental Health Care | <input type="checkbox"/> COVID-related death exp |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Heating & Cooling | <input type="checkbox"/> COVID related inflation |
| <input type="checkbox"/> Other (explain) _____ | | |

How has the COVID pandemic affected you and your family financially?

HOW TO SUBMIT:

- **Online (link located on FBIC Website) by December 30, 2022**
- **First Class Mail Post-marked by December 30, 2022**
- **Drop-off in-person at the FBIC Tribal Office in person by 5 p.m. on December 30, 2022**

CERTIFICATION

By my signature below, I certify that the information provided above is true and correct and that I am an enrolled member of either the Gros Ventre or Assiniboine Tribe, or I am the guardian or foster parent of an enrolled Gros Ventre or Assiniboine minor child. I provide more than 50% of the child's support, which is the cost of basic life necessities such as food, lodging, clothing medical and dental care, education, transportation utilities, and related cost.

I understand that if I purposely falsify this document and receive funds, I will jeopardize future services with the Fort Belknap Indian Community government. I understand this is not a per capita or stimulus payment and is subject to certification of my specified financial need.

I understand this is to provide economic assistance for Covid-19 related hardships and is *not* a per capita payment. This application is submitted under possibility of penalty by applicable laws of the FBIC or federal authorities and other related laws, and any amounts found to be disbursed based on fraudulent information shall be recouped by the FBIC and may jeopardize future ARPA benefits. I understand that this assistance is provided under ARPA Assistance Program and will not be subject to federal income tax.

Signature

Date

Print Name

INFORMATION REGARDING GROS VENTRE OR ASSINIBOINE ENROLLED MINORS.

**Checks will be issued in the name of the parent/guardian with the child's name on the check

1. Name: _____
FIRST MIDDLE LAST SUFFIX

Date of Birth: _____ Age: _____ Enrollment Number: _____

Does Minor reside with you? _____

If not, please explain: _____

2. Name: _____
FIRST MIDDLE LAST SUFFIX

Date of Birth: _____ Age: _____ Enrollment Number: _____

Does Minor reside with you? _____

If not, please explain: _____

3. Name: _____
FIRST MIDDLE LAST SUFFIX

Date of Birth: _____ Age: _____ Enrollment Number: _____

Does Minor reside with you? _____

If not, please explain: _____

4. Name: _____
FIRST MIDDLE LAST SUFFIX

Date of Birth: _____ Age: _____ Enrollment Number: _____

Does Minor reside with you? _____

If not, please explain: _____

5. Name: _____
FIRST MIDDLE LAST SUFFIX

Date of Birth: _____ Age: _____ Enrollment Number: _____

Does Minor reside with you? _____

If not, please explain: _____

6. Name: _____
FIRST MIDDLE LAST SUFFIX

Date of Birth: _____ Age: _____ Enrollment Number: _____

Does Minor reside with you? _____

If not, please explain: _____

7. Name: _____
FIRST MIDDLE LAST SUFFIX

Date of Birth: _____ Age: _____ Enrollment Number: _____

Does Minor reside with you? _____

If not, please explain: _____