



**Middletown Rancheria
of Pomo Indians of California**

**COVID-19
Assistance Application**

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Email Address: _____

Has your household been impacted by COVID-19?

___ Yes ___ No

If your household has been impacted by COVID-19, Tribal Council will provide additional assistance to your household to mitigate the impacts of COVID-19. Would you be able to better protect the health of your household if the Tribe was able to provide you with additional financial assistance so that you can purchase needed supplies and food?

___ Yes ___ No

Do you have Tribal Member children who have been impacted by COVID-19? Would you be able to better protect the health of your Tribal Member children if the Tribe was able to provide you with additional financial assistance so that you can purchase needed supplies and food for these Tribal Member children?

___ Yes ___ No

Please list the names and ages below of the Tribal Member children who have been impacted by COVID-19:

_____	_____
_____	_____
_____	_____

___ I understand that any COVID-19 assistance will be provided dependent upon available program funds and that I must complete and return this survey in order to be eligible to receive this assistance for my household.

**MTR COVID-19
Assistance Application-Continued**

Acknowledgement of COVID-19 Assistance Program:

I declare and understand the COVID-19 Assistance Program as follows:

- 1) I must complete the Application.
- 2) The Application will be verified and reviewed for Approval based on confirmed enrollment of Member name(s) listed on application.

I declare under penalty of perjury that the answers I have provided in this Application are true and correct to the best of my knowledge and ability.

Tribal Member Name (Print): _____ Date: _____

Tribal Member Name (Signature): _____