**Mashpee Wampanoag Tribal Member**

American Rescue Plan Act (ARPA) Assistance Application Form

The ARPA Act Assistance Program is designed to provide financial assistance to enrolled Mashpee Wampanoag Tribal Members who have experienced economic hardships due to the effect of the CORONA VIRUS pandemic. Funding of this program is in accordance with the federal ARPA Act and is non-taxable as a Tribal general welfare assistance program. Please refer to the Tribe’s ARPA Act Assistance Program Instructions for details on eligibility and use of this assistance. The Assistance payment is $1,750 for members 18 and older and $750 for members under 18 to cover the period May 16, 2022 through September 30, 2022 for each eligible Tribal Member. This Application shall be maintained as a confidential record of the Mashpee Wampanoag Tribe and will not be disclosed without the written consent of the Applicant, except to the extent that disclosure is required pursuant to the ARPA Act.

**APPLICATION DEADLINE September** 30**, 2022 5:00pm ET**

DISTRIBUTION starting on or about May 16, 2022

Email Application or Questions to: rita.lopez@mwtribe-nsn.gov

PART 1 – APPLICANT INFORMATION

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Tribal Enrollment No. \_\_ \_\_ -\_\_ \_\_ \_\_-\_\_ \_\_

Contact Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_

Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different than mailing)

State \_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_ Number in Household \_\_\_\_\_\_\_\_

**Tribal member under Guardianship**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | Relation | DOB | Tribal No. |
|  |  |  |  |
|  |  |  |  |

If legal guardian of tribal member, please provide proof of legal guardianship.

**Youth Tribal Members**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | Relation | Tribal No. | School/Grade |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |

PART 2 – ECONOMIC NEED

Since March 3, 2020, I have experienced the following (check any or all that apply) economic impacts due to the Corona Virus Pandemic:

\_\_\_\_ Unemployment \_\_\_\_ Reduced employment

\_\_\_\_ Increased utility costs \_\_\_\_ Increased food costs

\_\_\_\_ Increased household cleaning costs \_\_\_\_ Increased costs for telework

\_\_\_\_ Increased personal care costs, e.g., \_\_\_\_ Increased costs distance learning

for protective masks and measures for school

\_\_\_\_ Loss of self-employed/business income \_\_\_\_ Increased costs for looking for work

\_\_\_\_ Housing increase, foreclosure, eviction, \_\_\_\_ Transportation costs for medical

rent for testing and procedures

\_\_\_\_ Increased health care costs, unreimbursed \_\_\_\_ Other unanticipated costs due to

prescription, supplements, counseling Corona Virus as described below

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

\_\_\_\_Increased costs for isolation or quarantine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_ Due to positive test or Corona Virus

Exposure

\_\_\_\_ Eldercare, increased costs due to Corona Virus

PART 3 – CERTIFICATION

I certify that I have been directly impacted by the negative economic impacts of the Corona Virus pandemic and that I will use any funds I receive from the Tribe’s ARPA ACT Assistance Program solely to address the negative economic impacts caused by the Corona Virus related expenses I identified in Part 2 above. I certify I meet the Tribal member ARPA ACT Assistance Program requirements, and the information contained herein is true and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Or

Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**OFFICIAL USE**

Date Received \_\_\_/\_\_\_/\_\_\_ Enrollment Verified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Certification Verified \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_