



SRBCI COVID-19 Tribal Emergency Relief Program 2021 Application Form

Tribal Member: _____

Address: _____

City: _____ State _____ Zip: _____

Phone Number: _____

Email Address: _____

Please fill out application completely to ensure timely processing.
Finance Dept. has 10 working days to process check requests.

For Internal Use Only:

TA Reviewed on: _____
Rent/Mortgage Total \$ _____
Utility Total \$ _____
Parental \$ _____
Sent to Finance on: _____
Processed on: _____

TYPES OF ASSISTANCE REQUESTING FOR:

RENT/MORTGAGE

\$500/allowance HOUSE RENT \$ _____ MORTGAGE \$ _____

Check Payable to: _____

Mortgages are reimbursable up to \$500

UTILITY

\$500/allowance Utility Company Name Amount

UTILITY – 1: _____ \$ _____

UTILITY – 2: _____ \$ _____

UTILITY – 3: _____ \$ _____

*If utilities are included in rent, no need to use utility descriptions above.

PARENTAL ASSISTANCE

Name/Age of Enrolled Children in Household

Child 1: _____ Age _____

Child 5: _____ Age _____

Child 2: _____ Age _____

Child 6: _____ Age _____

Child 3: _____ Age _____

Child 7: _____ Age _____

Child 4: _____ Age _____

Child 8: _____ Age _____

What month are you applying for?
Circle one.

Jan Feb Mar Apr May June

July Aug Sept Oct Nov Dec

I attest that I have negatively been impacted by the public health emergency and or experienced economic impacts due to COVID – 19.

Number of Enrolled Individuals in Household?
Adults _____ Children _____

Tribal Member Signature

Date

Vanessa Minott, Tribal Administrator or Tribal Chair

Date

Melinda Flaxbeard, CFO

Date

*Note that some data information on this application is gathered for reporting requirements to the Dept. of Treasury and will not be disbursed or shared with unauthorized personnel or entities for your protection and privacy.