YUROK TRIBE

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548

2021 YUROK COVID-19 ASSISTANCE PROGRAM APPLICATION

Name _____ Enrollment Number _____

Current Mailing Address _____

(City/State/Zip)_____

Current Physical Address _____

(City/State/Zip)_____

Phone Number _____ Date of Birth _____

Email Address _____

A. I have experienced a negative economic impact as a result of the COVID-19 pandemic (check all that apply):

☐ I (or someone in my household) experienced unemployment or reduced hours during the pandemic

☐ I have a low or moderate income ($75,000 or less for single person, $150,000 for a married couple)

☐ I (or someone in my household) has experienced food or housing insecurity during the pandemic

☐ I (or someone in my household) is experiencing other negative economic impact due to COVID-19

(Please explain your extra costs such as increased health care, utility, childcare, or grocery costs or your lost income, etc.) _____

_____

B. **By signing below, I verify that the amount of negative economic impact I or my household have experienced as a result of COVID-19 is significant and proportional to the benefits I will receive.**

I certify that the information provided on this application is true and correct to the best of my knowledge. Any false information will be grounds for legal action. By signing I also acknowledge that if my application is not complete, it will not be processed.

Sign: _____ Date: _____

☐ I would like to register to vote in tribal elections, please send me a voter registration form.

☐ Application deadline: **DECEMBER 31, 2021**

Please return to: enroll@yuroktribe.nsn.us or Mail to: Attn: Enrollment, P.O. Box 1027, Klamath, CA 95548