



LTBB COVID- 19 Emergency Living Assistance

Deadline December 1, 2020

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Phone _____ Tribal ID _____

Email _____

Include all LTBB Citizen Minor Children living in the household *attach additional pages if needed*

Name	DOB	Tribal ID #	Relationship

Reason for Request and Showing of Need, check one or both of the boxes:

Unanticipated losses or reduction of income from employment, business interruption or other revenue sources, in the form of reduced or shorter work hours, cut in salary or pay, furlough, reduce capacity, limited hours of operations, infected with COVID-19, quarantined or assisted an immediate family member who has been infected with COVID-19 or quarantined, stay at home orders, and unable to work due to having to take care of children that were required to stay at home from school as a result of school closures.

Unanticipated additional expenditures including sanitizing supplies, personal protection equipment, increased food costs, increased utility costs, increased health-care or medical expenses, cost related to online education, distance learning, teleworking, funerals and other general health and welfare expenses related to the COVID-19 Emergency Disaster.

Citizens must retain records of losses or reduction of income in the form of W-2, 1099, paycheck stubs, business records or other documentation and records or receipts of expenditures included sanitizing supplies, personal protection equipment, food, utilities, health-care or medical expenses, online education, distance learning, teleworking, funerals and other general health and welfare expenses related to the COVID-19 Emergency Disaster.

SUCH RECORDS SHOULD BE MAINTAINED UNTIL DECEMBER 31, 2025 IN ACCORDANCE WITH OIG RECORD KEEPING

GUIDANCE

Signing this application, for myself or as parent/guardian, I CERTIFY that I or my child/ward meet the eligibility for the COVID -19 Emergency Disaster Relief Payment Program criteria. For auditing purposes I further agree to maintain all receipts documenting my expenditures, which I will provide to LTBB upon request. I acknowledge that any funds I use improperly are subject to recoupment.

Signature: _____ Date: _____



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To claim a dependent they must have the same address as the applicant

PLEASE MAIL, EMAIL OR FAX COMPLETED APPLICATION TO:

LTBB ATTN: Human Services 7500 Odawa Circle Harbor Springs MI 49740

Fax 231-242-1635

Email: DHSApplications@ltbbodawa-nsn.gov

ALL APPLICATIONS MUST BE RECIEVED BY DECEMBER 1st 2020

Questions on this application?

Please contact the Human services Department DHS at 231-242-1620

Application required per updated Department of Treasury Guidelines