



# HOOPA VALLEY TRIBAL COUNCIL

Hoopa Valley Tribe  
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Chairman Joe Davis.

## 2021 Hoopa Valley Tribe COVID-19 General Welfare Assistance Intake Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrollment No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Legal Dependent(s) Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

For additional Legal Dependents, please submit an additional sheet as an attachment.

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

<input type="checkbox"/>	I (or someone in my household) became unemployed, had hours cut back, been furloughed, or put on unpaid leave due to COVID-19.
<input type="checkbox"/>	I (or someone in my household) is unable to work or experiencing financial hardship due to no childcare school due to COVID-19.
<input type="checkbox"/>	I have a low or moderate income (\$75,000 or less for single person, \$150,000 for a married couple)
<input type="checkbox"/>	I (or someone in my household) is unable to work because my medical issues prevent me from returning to the office due to COVID-19 or needing to care for a person with COVID-19.
<input type="checkbox"/>	I (or someone in my household) has experienced food or housing insecurity during the pandemic.
<input type="checkbox"/>	I (or someone in my household) is experiencing other financial hardship due to COVID-19 (Please explain).

I certify that the foregoing is true and correct. I hereby accept this receipt of COVID-19 assistance distribution, and I will use this assistance to supplement my basic expenses and needs due to the economic impact of COVID-19, such as paying for rent, utilities, mortgage payments, essential food and supplies, health care, funeral support, and cultural activities. By my signature below, I declare that all of the above statements are true and accurate. **Deadline to return form to Fiscal is DECEMBER 31, 2021. Failure to return form by the due date will deem you ineligible for the economic distribution. Only one form is required.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be advised that this Assistance Intake Form must be completed and returned to [hvt.carrie.ames@gmail.com](mailto:hvt.carrie.ames@gmail.com) or mailed to Hoopa Valley Tribal Fiscal Department, P.O. Box 1348, Hoopa, CA 95546 to determine you or your Legal Dependents' eligibility for receipt of the 2021 Hoopa Valley Tribe COVID-19 Assistance Distribution.