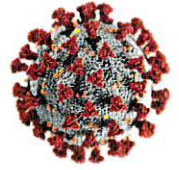




**RED LAKE NATION**  
**COVID-19 Public Health Emergency Relief Program**  
**Application**



Eligibility Requirements:

1. Must be an enrolled Tribal Member and 18 years or older on December 14, 2020
2. Individual must sign and return this form by end of business day on **12/14/20**. Applications can be mailed, emailed, or faxed to:

*Red Lake Accounting Department, PO Box 574, Red Lake, MN 56671*  
[CRP@redlakenation.org](mailto:CRP@redlakenation.org)  
*fax: 218-679-1390*

**Eligible Tribal Members 18 and over may receive a one-time payment of \$1,000**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Enrollment #: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

*\*Check will be mailed to address provided above*

**ATTESTATION AND AUTHORIZATION**

By signing my name below, I hereby certify that I meet the COVID-19 Public Health Emergency Relief Program requirements for financial need and the information submitted on this application is true and correct to the best of my knowledge. I also authorize the Red Lake Band to share this information with the Red Lake Band Enrollment Department to verify my tribal enrollment status.

I attest that I have suffered economic impacts through increased expenditures and/or decreased income due to the COVID-19 public health emergency. I further attest that I am in need of emergency financial assistance and that such economic assistance is necessary due to the COVID-19 public health emergency.

By signing my name below, I further attest that any disbursement I receive from the COVID-19 Public Health Emergency Relief Program will be expended on emergency needs incurred due to the COVID-19 public health emergency, including but not limited to expenditures associated with rent or mortgage, utility fees, food and food delivery, employment and training programs, distance learning, teleworking, healthcare, personal protective equipment, funerals, costs associated with increased mental health, stress, anxiety, and sleeplessness, and other emergency individual needs. I agree to maintain all receipts documenting my expenditures, which I will provide to the Red Lake Band upon request. I acknowledge that any funds I use improperly are subject to recoupment.

I authorize the Red Lake Band to provide my disbursement via check to the mailing address listed above.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Printed Name)

\_\_\_\_\_  
 (Date)