



American Relief Fund, COVID-19 Pandemic Negative Economic Impact Application

The Lower Brule Sioux Tribe (LBST) will provide assistance to current LBST tribally enrolled members, enrolled as of December 8, 2021, to assist with the continued negative economic impact due to the COVID-19 pandemic. Current enrolled members are eligible to apply for American Relief Act stimulus funding. The stimulus funding disbursement of \$500 will be on December 21, 2021.

Name: _____ Male Female
 First Middle Last

LBST Enrollment #: _____ Date of birth: _____ Age: _____

Physical Address: _____

Mailing Address (if different from physical): _____

Are you currently employed? Yes No Employer: _____

Are you currently attending college/Vo-Tech student? Yes No Institution: _____

Phone number: _____ Email: _____

I verify that I am the current legal parent/guardian of the following MINOR CHILDREN (under the age of 18 years) enrolled in the Lower Brule Sioux Tribe as of December 08, 2021.

Child's First Name	Middle	Child's Last Name	Sex M/F	Date of birth	AGE	LBST Enrollment #

Please indicate the negative economic impact you have experienced due to the COVID-19 pandemic.

(Per US Treasury guidelines per capita payments are not allowed):

- loss of income (lost job, furloughed, laid off, decreased hours worked, business closed/decrease revenue, etc.)
- increase cost of living (increase in monthly food bill, utilities, assessing essential services, etc.)
- increase cost of health precautions & care (50 yr.+ , disabled, underlying health conditions; self/household member)
- added costs for household safety and protection from COVID-19 (clothing, sanitation, etc.)
- added costs of dependent care (distance learning, child care, health and wellness, etc.)
- loss of income due to head of household death due to COVID-19
- responsible for funeral costs due to death of family member(s) due to COVID-19
- added costs of care of family member due to COVID-19 symptoms, including "long haulers"
- Other: _____

I hereby certify that the above statements are true and correct to the best of my knowledge. **I understand that legal guardianship of minor child(ren) may require verification through a current court order.** I understand that false statements herein are made subject to penalties including, but not limited to, re-paying COVID-19 ARF financial support, tribal and federal prosecution. **Completed applications (with signature) can be emailed to LBSTARPAPP@gmail.com or handed in at the front desk of the LBST Tribal Administration building prior to the December 21st disbursement date.**

Signature of applicant: _____ Date: _____