

**CONFIDENTIAL – FOR TRIBAL MEMBERS ONLY****UTE INDIAN TRIBE – COVID-19 ARPA DISASTER RELIEF FUND  
Assistance Grant Request Application****PERSONAL AND GENERAL BACKGROUND INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FB NO.: \_\_\_\_\_ PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Are you a Ute Tribal Member requesting assistance for yourself? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you a Ute Tribal Member and have at least greater than 50% physical custody of a Tribal Member minor age seventeen or younger? YES \_\_\_\_\_ NO \_\_\_\_\_

a. If yes, please list the following for each Tribal minor being claimed:

Name	FB NO.	DOB	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-Tribal Member head of households are not eligible to receive a distribution for Tribal Member minors. Minor payments will be processed the same way tribal dividends are processed (direct deposit or check) unless you indicate otherwise here: \_\_\_\_\_

3. Do you have direct deposit set up with the Tribal Accounting Department for the payment of dividend distributions and if so, do you authorize the assistance grant to be issued via direct deposit?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. If you answered no, do you authorize the assistance grant to be mailed via check mailed to the address provided above? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Have you suffered a negative economic impact as a result of the COVID-19 public health emergency?  
YES \_\_\_\_\_ NO \_\_\_\_\_
6. Do you acknowledge and agree that assistance grants made under the ARPA Disaster Relief Fund are to be exclusively used to meet reasonable or necessary expenses to respond to the negative economic impacts of COVID-19, including but not limited to medical, housing, health related property, food, transportation for medical services or appointments and funeral expenses and that use of assistance grants for ineligible expenses may result in tax and/or legal consequences?  
YES \_\_\_\_\_ NO \_\_\_\_\_

By signing below, I submit that all the information that I have given is true and I authorize the Ute Indian Tribe or its appointed representative to verify any information. I acknowledge the Tribe will verify all data and payments may be delayed if the Tribe is unable to verify data.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_