

Navajo Nation ARPA Hardship Application

APPLICATION PERIOD: JANUARY 10, 2022 – DECEMBER 30, 2022

Hardship 1 and Hardship 2 recipients, NO need to RE-APPLY. You Automatically Qualify for the ARPA Hardship.



****Checks cannot be reissued to another person**

Date of Application: _____

First Name: Middle Initial: Last Name: Suffix:

Attach copies of all CIBs (a CIB is required to receive assistance). No need to submit copies Social Security Card/Driver License or Birth Certificate

CIB No.: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

Chapter Affiliation: _____

Phone Number: _____ 2nd Phone Number: _____

Email Address: _____

Reason for Assistance: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

This form is only for individuals who have not received a Hardship 1 or Hardship 2 check.

If you just need an Address Change, you will need to fill out a Change of Address form.

****All Checks will be mailed out.** (Please make sure you are Registered Mail Box Holder) **

Please sign below to indicate all the information on the form is correct.

Wayne Mitchell

01/27/2023

Signature

Date

If you need to add your spouse or dependents, you can use the form on the next page. If you need to add more dependents, make a copy of the next page, and attach to the original form.

You can mail the application to: **Office of the Controller, PO Box 3150, Window Rock, AZ 86515**

Or Scan and Email application to: ARPA.Hardship@nnooc.org or drop off at: **Administration Building 1**

Spouse and Dependents Information

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |