

**NARRAGANSETT INDIAN TRIBE  
ARPA COVID-19 FISCAL RECOVERY FUND  
HOUSEHOLD ASSISTANCE PROGRAM  
APPLICATION/CERTIFICATION OF NEED**

P. O. Box 1657, Charlestown, RI 02813

**Hotline:** (401) 302-5999 **Email:** NITTRIBALCOUNCIL@gmail.com

In accordance with the American Rescue Plan Act (ARPA), the Narragansett Indian Tribe has created the “Narragansett Indian Tribe ARPA COVID-19 Fiscal Recovery Fund Household Assistance Program” to assist Tribal members mitigate the negative financial impacts of the COVID-19 Pandemic.

This Household Assistance Program application must be completed and signed by an enrolled Tribal member 18 years old and above who has experienced negative economic impacts by the COVID-19 public health emergency. A Tribal member who has experienced unemployment, increased food and/or housing insecurity, is low-income or moderate-income, or who has experienced specific economic impacts from the public health emergency due to the COVID-19 pandemic, is eligible for cash assistance in the amount of \$2,000 for each enrolled member residing in the household. THE DEADLINE TO SUBMIT A COMPLETED AND SIGNED APPLICATION IS DECEMBER 1, 2021. A Check will be mailed to each eligible adult enrolled applicant and their enrolled minors residing in the household (see below for divorced couples with minors).

Information contained in this application is confidential and will only be used for official Tribal and Federal regulatory compliance purposes, including possible audit by the U.S. Department of the Treasury and the Internal Revenue Service. The Tribe has determined that approval of financial assistance for qualifying COVID-19 expenses pursuant to the criteria and process set forth herein is an administrative necessity based on available Tribal staffing and operations during the pandemic, as well as the need to promote mitigation measures as recommended by the CDC, including social distancing and to address the urgent financial needs of negatively impacted Tribal members.

**PART 1 – APPLICANT INFORMATION**

**PLEASE COMPLETE APPLICATION IN ITS ENTIRETY, SIGN, DATE, AND MAIL OR EMAIL THE APPLICATION TO:** Narragansett Indian Tribe ARPA Household Assistance Program, P.O. Box 1657 Charlestown, RI 02813; or email the completed application to: NITTRIBALCOUNCIL@gmail.com

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

NIT Tribal Enrollment No. \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Email \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of Enrolled Members in Household \_\_\_\_\_

Name of Enrolled Tribal Spouse (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse NIT Enrollment No. (if applicable) \_\_\_\_\_

Tribal Enrolled children under age 18 in your care (include stepchildren, foster children, guardianship)\*

*\*Divorced couples must list enrolled minors on the mother’s application only, except where custody of minor children is exclusively with the father or a grandparent/guardian (father or grandparent/guardian must submit child custody order with application).*

Name \_\_\_\_\_ NIT Tribal Enrollment No. \_\_\_\_\_

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Name \_\_\_\_\_ NIT Tribal Enrollment No. \_\_\_\_\_

Name \_\_\_\_\_ NIT Tribal Enrollment No. \_\_\_\_\_

(Note: Adult children over age 18 must file a separate application).

**PART 2 – ECONOMIC NEED**

**INDICATE YOUR COVID-19 RELATED NEED?** Please check ALL relevant boxes that apply.

- Unemployed/Unpaid furlough (not covered by unemployment benefits)
- Reduced income/employment (reduced hours or wages)
- Loss of income due to quarantine (for self or for a family member)
- Loss of self-employment/business income
- Insufficient funds to cover rent/mortgage or facing foreclosure or eviction (past due rent/mortgage)
- Increased utility costs due to sheltering in place/teleworking/remote schooling
- Increased expenses for Personal Protective Equipment (PPE)
- Out-of-pocket costs for medication/testing, unreimbursed prescription costs
- Unreimbursed costs for medical equipment or supplies
- Increased cleaning costs (e.g., supplies and cleaning company/personal services)
- Increased food costs or food insecurity (skipped/reduced meals due to pandemic)
- Unreimbursed costs for counseling/therapy
- Emergency Room /After-hours health clinic costs (not covered by insurance)
- Increased Child Care costs
- Expenses incurred or lost income because you are (or live with) someone in a high-risk group (e.g., elder, comorbidities)
- Job training or job searching costs (clothing, transit, parking, equipment/supplies/tools)
- Increased expenses associated with teleworking
- Increased expenses associated with remote learning (internet, computers, etc.)
- Other added household expenses (e.g., weatherization, replacement of furnace, air conditioner, roof, hosting relatives or friends, transit, or fuel costs for medical testing, to locate food, home goods, etc.)
- Funeral Expenses for a member who died of COVID-19 (not reimbursed by other programs)
- Other negative impacts not listed above (please be specific) \_\_\_\_\_

**PART 3 – ADJUSTED GROSS INCOME (AGI) LEVEL**

- a) If completing the application as an individual, what was your income in 2020?  Less than \$25,000;  \$25,000 - \$50,000;  over \$50,000 - \$75,000;  Over \$75,000.
- b) If completing the application as a married couple, what was your household income in 2020?  Less than \$50,000;  \$50,000 - \$75,000;  Over \$75,000 - \$100,000;  Over \$100,000 - \$150,000;  Over \$150,000.
- c) If completing the application as a “head of household,” what was your income in 2020?  Less than \$50,000;  Over \$50,000 - \$75,000;  Over \$75,000 - \$100,000;  Over \$100,000 - \$112,500;  Over \$112,500.

**PART 4 – APPLICANT CERTIFICATION (An unsigned/incomplete applications will not be processed)**

*By my signature below, I declare and certify, under penalty of perjury, that I am an enrolled member of the Narragansett Indian Tribe and that the information provided herein, and any documentation I may include with this application, are true and correct to the best of my knowledge. I certify that I have physical custody and/or legal guardianship for the above-listed minor children. I further certify that I have been negatively impacted by COVID-19 which caused me and the enrolled members of my household to seek assistance through the Tribe’s Household Assistance Program.*

*I hereby acknowledge that any ARPA Household Assistance payments I receive based on inaccurate statements or submissions, or based on any material omissions, are subject to possible recoupment by the Narragansett Indian Tribe and/or the United States Government. My submission of inaccurate statements or submissions, or a material omission, may be cause for the Tribe to seek other remedies available by law. I further agree to assist the Tribe by providing any further information required for this application upon reasonable request by the Tribe.*

*I further certify that the Household Assistance monies I receive from the Tribe will be used to offset the economic impacts of the COVID-19 public health emergency that I have experienced.*

Enrolled Narragansett Applicant Signature

Date

Enrolled NIT Tribal Spouse Signature (if filing joint application only)

Date

**FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE**

Date Application Received \_\_\_/\_\_\_/\_\_\_ Enrollment Verified \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Certification of Application Verified \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Amount of ARPA Household Assistance \$ \_\_\_\_\_ Date of Check \_\_\_/\_\_\_/\_\_\_

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