

# Pyramid Lake Paiute Tribe

P. O. Box 256

Nixon, Nevada 89424

Telephone: (775) 574-1000 Fax: (775) 574-1008

## Pyramid Lake Paiute Tribe 2020 Coronavirus Relief Fund Tribal Member General Welfare Grant Support Program Request for Support

**Name (Print):** \_\_\_\_\_

**Mailing Address (Street, City, State, Zip):** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**PL Enrollment Number and/or Birthdate:** \_\_\_\_\_

**Total Living in Household:** \_\_\_\_\_

**Number of Children Living in Household:** \_\_\_\_\_

**Name(s) of Child(ren) 17 years old and younger and Pyramid Lake Paiute Tribal Enrollment Number or Birthdate:**

1. \_\_\_\_\_ Enrollment Number or Birthdate: \_\_\_\_\_

2. \_\_\_\_\_ Enrollment Number or Birthdate: \_\_\_\_\_

3. \_\_\_\_\_ Enrollment Number or Birthdate: \_\_\_\_\_

4. \_\_\_\_\_ Enrollment Number or Birthdate: \_\_\_\_\_

5. \_\_\_\_\_ Enrollment Number or Birthdate: \_\_\_\_\_

6. \_\_\_\_\_ Enrollment Number or Birthdate: \_\_\_\_\_

### **CERTIFICATION MINORS 17 & UNDER, if applying for eligible enrolled children**

**Is/Are the child(ren) subject to a court order regarding custody?** Yes \_\_\_ No \_\_\_

I, (print) \_\_\_\_\_, am certifying that by signing for the above-mentioned minor that I have physical custody and/or legal guardianship. In the event of a dispute, gift cards will be withheld until a certified court order identifying custodial rights is received. Any gift cards unlawfully claimed will be voided immediately and subject to prosecution.

**Signature of Custodial Parent or Legal Guardian;** \_\_\_\_\_

**Number of Elders Living in Household, 60 years of age and older:** \_\_\_\_\_

**Head of Household Employment Status:** \_\_ employed \_\_ reduced hours \_\_ unemployed  
\_\_ furloughed

**Spouse/partner Employment Status:** \_\_\_ employed \_\_\_ reduced hours \_\_\_ unemployed  
\_\_\_ furloughed

**Homeownership:** \_\_\_ own \_\_\_ rent

**Children home from school:** \_\_\_ yes \_\_\_ no

**Utilities:** \_\_\_ electric \_\_\_ water \_\_\_ gas \_\_\_ garbage \_\_\_ cable

**Select Program, all those that apply:**

\_\_\_\_\_ Family Support Program

\_\_\_\_\_ Mortgage, rental, utility assistance

\_\_\_\_\_ Unemployment/Reduced employment

**CERTIFICATION**

I hereby certify that I meet the Coronavirus Relief Funds Tribal Member General Welfare Grant 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 Tribe to share this information with the Tribe's Enrollment Department to verify my tribal enrollment status and/or the tribal enrollment status of the minor(s) in my custody and care. If applicable, I authorize the Tribe to share this information with the Tribe's Social Services Department to verify the tribal member minor(s) in my custody and care.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE