



**FALLON PAIUTE-SHOSHONE TRIBE**  
COVID-19 TRIBAL MEMBER EMERGENCY ASSISTANCE  
Fall 2020 Application

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**The Fallon Paiute-Shoshone Tribe's COVID-19 Tribal Member Emergency Assistance Program is intended to assist Tribal members experiencing financial burdens directly related to or caused by the COVID-19 pandemic and therefore have a documented need via this application. Applicants must demonstrate financial need and impact directly related to or caused by the COVID-19 pandemic. Assistance is limited to all adult Tribal members who are 18 years of age or older as of October 13, 2020. **Once approved, enrolled FPST Tribal member may receive \$2,500 in emergency assistance.****

**How to Apply for the COVID-19 Tribal Member Emergency Assistance Program**

Submit a completed application with the following verifications:

1. Proof of identity for the applicant (driver's license or ID card)); **and**
2. Proof of enrollment in the Fallon Paiute-Shoshone Tribe: Copy of Tribal Enrollment card (all Tribal members are eligible – whether living on or off Reservation/Colony); **and**
3. You must fill out the Section C of how the COVID-19 pandemic directly impacted your household; **and**
4. Tribal Members must be 18 years of age or older as of October 13, 2020.

**\*\*FAILURE TO PROVIDE THIS INFORMATION MAY DELAY THE PROCESSING OR RESULT IN THE DENIAL OF YOUR APPLICATION\*\***

**DEADLINE FOR SUBMITTAL OF APPLICATIONS IS NOVEMBER 20, 2020. APPLICATIONS RECEIVED AFTER THIS DEADLINE WILL BE CONSIDERED INELIGIBLE.**

- Assistance cannot be used for expenses incurred prior to March 18, 2020.
- Applications **MUST** be submitted via mail **ONLY** and will be processed in the order they are received.
- Applicants will receive a call when your application has been received. All approved applications will be submitted on Mondays of each week with a check mailed on Fridays.
- Checks received by adult members must be cashed immediately. Any checks not cashed before December 30<sup>th</sup> will not be re-issued, no exceptions.

**Please mail your completed application and verifications to:**

COVID-19 Emergency Assistance Program  
565 Rio Vista  
Fallon, NV 89406  
Phone: (775)423-6075



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**APPLICATION FOR ASSISTANCE**

*Please print. Black or Blue ink only*

Failure to complete all sections and questions and/or sign the application will delay the processing or result in the denial of your application.

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**A. APPLICANT INFORMATION**

Name: \_\_\_\_\_  
*First Middle Last Suffix*

FPST Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*Address City State Zip*

Mailing Address: \_\_\_\_\_  
*Address City State Zip*

Where would you like your assistance check mailed? \_\_\_\_\_ Physical Address \_\_\_\_\_ Mailing Address

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**B. USE OF FUNDS**

Use of funds must be consistent with expenditures related directly in response to the current COVID-19 pandemic, prevention of COVID-19 spread, and compliance with public health orders to “shelter in place” to mitigate the spread of the virus, the use of COVID-19 Emergency Assistance shall be for the purchase of the following, including but not limited to:

- Personal protective equipment (PPE)
- Rent
- Mortgage payments
- Food
- Fuel
- Emergency supplies
- Medical equipment
- Distance learning equipment
- Purchase of Wi-Fi, broadband and internet
- Equipment to check-in and monitor Tribal elders or those who continue to “shelter in place” and social distance
- Transportation costs to pick up and deliver medication/food to family who are ordered to “shelter in place”
- Other basic needs the household requires as a direct result of the COVID-19 Pandemic

Signature below verifies that this one-time, non-recurring emergency support will only be used for the above named essential needs in direct response to the COVID-19 Pandemic and State of Emergency



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**C. HOUSEHOLD IMPACT DIRECTLY RELATED TO COVID-19 PANDEMIC**

**THIS SECTION IS MANDATORY**

Explain in detail how the COVID-19 (Coronavirus) **directly** affected your household's ability to pay for and provide food, housing or other critical needs. Specifically address the amounts of expenses you have incurred in the assistance categories above or in other specific needs directly related to the COVID-19 pandemic that you are requesting assistance with from the Tribe. Also address how your household income cannot cover the expenses.



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**D. AUTHORIZATION**

By signing this application, I am authorizing the Fallon Paiute-Shoshone Tribe, and its employees and agents, to make any investigation concerning me or any other member of my household that is necessary to determine eligibility for benefits received or to be received under the Tribe's COVID-19 Tribal Member Emergency Assistance Program. I hereby authorize and consent to the release of any and all information concerning me to the Fallon Paiute-Shoshone Tribe, and its employees and agents, by the holder of the information regardless of the manner or form held, including without Tribal enrollment information, which may be made confidential by law. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information.

I further understand I have the following obligations:

1. Respond within ten (10) calendar days to any requests for additional information needed to process my application. It is my responsibility to ensure the requested materials are mailed, emailed or faxed **by the deadline**. The Tribe is not responsible for lost or misdirected mail, email or faxes.
2. Cooperate with the Fallon Paiute-Shoshone Tribe in its efforts to secure all information necessary to determine eligibility or benefits.
3. Cooperate with the Tribe's procurement process which states that check requests are filed on Mondays of each week and a check is processed on Thursdays. If your application is r

**I hereby certify under penalty of perjury and/or fraud, all information provided in this application is true, correct and complete to the best of my knowledge and ability.**

Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_