

- I am 18 years of age or older
- I have suffered a negative financial/economic impact due to the COVID-19 pandemic due to experiencing one or more of the following issues outlined below:

- Job loss
- Homelessness
- Reduction of household income
- Caring for a dependent who lost a caregiver to COVID-19
- Increased expenses for any of the following:

- Food expenses
- Household supply expenses
- Childcare expenses
- Mortgage or rent expenses
- Medical care expenses
- Utility expenses, electric, heating
- Student education materials expenses
- Student Internet access expenses
- Student computer expenses
- Other student expenses
- Telework internet expenses
- Telework material expenses
- Telework computer expenses
- Essential worker PPE

Your household income is less than \$75,000.00 for single or less than \$112,500.00 for head of household, or less than \$150,000.00 for married filing status.

Other: _____

By my signature below, I certify that the information provided above is, to the best of my knowledge, true and accurate and I am eligible to receive the direct cash assistance payment. I understand this payment is non-taxable as a General Welfare Exclusion and I will not receive a 1099.

Signature: _____ Date: _____

Additional applications are available for download online at <https://www.crit-nsn.gov>. Completed applications should be submitted by mail to CRIT Accounting, Attn Tracey Quillen, 26600 Mohave Rd., Parker, AZ 85344. Please contact CRIT Accounting at (928) 669-1239 with any questions regarding your application or this program.

OFFICE USE ONLY:

CRIT Enrollment and Age Verification: Tribal ID #: _____ Date: _____

Name: _____ Signature: _____