

**APPLICATION FOR EMERGENCY ECONOMIC SUPPORT PAYMENT FOR
PENOBSCOT NATION CITIZENS AGES 18 YEARS AND OLDER**

(Applicants applying for assistance for Penobscot Nation minors for which you are the legal guardian and primary caregiver must complete the Penobscot Nation Dependent Citizen Form in addition to this application. Non-Penobscot Nation Citizens seeking assistance for dependent children under the age of 18 years old do not need to fill out an Application for Emergency Economic Support Payment.)

I Applicant Information

Name: _____ Tribal Census Number: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Are you the legal guardian and primary care provider for a Penobscot citizen under the age of 18 years? _____

If yes, please provide the name, birthdate and census number and fill out a Penobscot Nation Dependent Citizen Form.

I Employment

Are you currently employed? _____

If yes:

Name of current employer: _____

Address of employer: _____

Phone number of employer: _____

**Please provide a copy of your most recent paystub.*

If no:

On what date did you become unemployed? _____

Have you received any unemployment benefits from the State and/or federal government since March 1st, and are you currently receiving such benefits? Please describe any assistance you received since March 1st and are currently receiving?

**Please provide verification of your most recent unemployment income.*

Other Income:

Please list any additional monetary benefits you received from federal, state, or other sources since March 1, 2020 to the present (attach a separate document, if needed):

I COVID-19 Expenses

Any economic support payments provided by the Nation must be used to cover costs that are necessary expenditures *incurred due to the COVID-19 public health emergency* and which were not accounted for in the applicant's normal budget during the timeframe of October 1st, 2020 through to December 31st, 2020. Below, you will need to describe your COVID-19 related expenses for which you seek emergency economic support assistance. Expenses should be focused on

increased costs to your normal budget because of the COVID-19 health emergency, or a need for financial assistance because of a loss in income that resulted from the COVID-19 public health emergency. Additionally, you may only seek assistance to cover costs that are not being covered by another source of assistance, including a federal, state, or tribal government program or a non- governmental source of funding. A list of example eligible expenditures includes, but are not limited to, the following:

- COVID-19 related Medical expenses such as:
 - COVID-19-related medical expenses for yourself or individuals in your household that are not covered by health insurance or another federal, state, or tribal program. This will usually apply to those who are COVID positive but could apply to others.
 - Costs of COVID-19 testing for you or individuals in your household. This could also include costs incurred during the time period between when an individual has been tested and is awaiting results of the test.
 - Medical response expenses, including emergency medical transportation, related to COVID-19 that are not covered by another source.
 - Expenses for using public telemedicine capabilities for COVID-19-related diagnosis or treatment.

- Expenses related to mental health services incurred due to the COVID-19 health emergency that are not covered by health insurance or another federal, state or tribal program.
- Public health expenses such as:
 - Expenses for acquisition of medical and protective supplies, including sanitizing products and personal protective equipment (including material to make your own masks and sanitizer) in connection with the COVID-19 public health emergency.
 - Expenses for disinfection in response to the COVID-19 public health emergency.
 - Expenses for seeking technical assistance on understanding how to mitigate COVID-19-related threats to public health and safety, including how to make sure your household is complying with public health and safety guidance.
 - Expenses for quarantining yourself or others in your household. This can include the cost of housing if individuals in your household had to separate from the household because someone in the household was COVID-19 positive.
 - This can include the cost of having prescriptions mailed to you so you do not have to go pick them up to limit your exposure to COVID.
- Expenses for actions taken to comply with COVID-19-related public health and safety orders and guidance, such as:
 - Distance learning capabilities, including technological improvements and equipment or supplies, in connection with school closings to enable compliance with COVID-19 precautions, such as the cost of internet service, computers, and equipment to allow for distance learning when there is a government stay-at-home order in effect or to comply with public health guidance.
 - Improving telework capabilities for government employees to enable compliance with COVID-19 public health precautions, such as the cost of internet service, computers, and equipment.
 - Assistance with childcare costs resulting from the closure or reduction in availability of your normal child care provider, or need for child care to be performed in a manner that is consistent with recommended health measures (such as social distancing or use of masks).
- Essential personal expenses and services *that can no longer be covered* due to economic hardship from the COVID-19 public health emergency (such as a loss in income), including:
 - Rent, mortgage, utilities, and insurance costs to prevent eviction, foreclosure, or loss of service.

- Food costs that are not being covered by another state, federal or tribal source.
- Childcare costs.

Please list, describe, and state the specific COVID-19 related expense and amount of funds you are seeking to cover each expense. Briefly describe how each expense was caused by the COVID-19 public health emergency (attach a separate document if necessary).

Documentation for Audit Purposes: Individuals who receive emergency economic support payments from the Penobscot Nation will be required to provide and maintain documentation (receipts, letters, etc.) that verifies that such monies were used for a COVID-19 related expense incurred between October 1st and December 31st, 2020.

IV. Certification

By submitting this application for emergency economic support, you certify that: (1) the information contained in this application is true and correct to the best of your knowledge; and (2) you have experienced financial hardship due to a loss of income and/or increase in expenses as a result of the COVID-19 public health emergency; and (3) if granted economic support, you will spend the money only on necessary COVID-19 expenses that are incurred between October 1st through to December 31st 2020; and (4) will keep records for five years demonstrating that you have spent economic support payments on COVID-19 eligible expenses.

Signature: _____

Print Name: _____ Date: _____