

Please **check all** negative economic impacts you have experienced due to the COVID-19 pandemic.
(Per US Treasury guidelines per capita payments are not allowed):

- Loss of income (lost job, furloughed, laid off, decreased hours worked, business closed/decreased revenue, etc.)
- Increased cost of living (increase in monthly food bill, utilities, assessing essential services, etc.)
- Increased cost of health precautions & etc. (50 yr.+ , disabled, underlying health conditions: self/household member)
- Added costs for household safety and protection from COVID-19 (clothing, sanitation, etc.)
- Added costs of dependent care (distance learning, child care, health and wellness, etc.)
- Loss of income due to head of household death due to COVID-19.
- Responsible for funeral costs due to death of family member(s) due to COVID-19.
- Other: _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that legal guardianship of minor child(ren) or dependent adult(s) may require verification through a legal document (e.g. physical custody order, notarized power of attorney). I understand that false statements herein are made subject to penalties including, but not limited to, repaying Covid-19 ARF financial support, tribal, and federal prosecution.

Applicant Signature: _____ Date _____

Send completed application (with signatures) to Covid Emergency Financial Assistance (EFA) at swocovidemergencyapp@swc-nsn.gov.

Phone: 605-698-8440
605-698-8441

Disbursement of payments will be mailed to applicants.

Note: Failure to include supporting legal documents may delay disbursement.

Signature of applicant: _____ **Date:** _____

This application is in alignment with the US Treasury “Coronavirus State and Local Fiscal Recovery Funds FAQ’s as of June 23, 2021; Section 2, *Eligible Uses – Responding to the Public Health Emergency/Negative Economic Impacts*, sub-section 2.6.

