

**VILLAGE OF SOLOMON (VOS)**  
**EMERGENCY**  
**COVID-19 RELIEF ASSISTANCE GRANT PROGRAM APPLICATION**  
**AUGUST 25, 2021**

The Village of Solomon has declared a public health emergency for the VOS tribally enrolled community due to the COVID-19 pandemic. In order to meet the immediate and critical needs of tribal members, VOS has established a COVID-19 EMERGENCY Relief Assistance Grant Program that is available through an application process. Tribal members that TEST POSITIVE for COVID19, are eligible to apply for emergency financial assistance during isolation and quarantine BASED ON THE STATEMENT OF NEED. Eligible expenses are as follows; rent/mortgage, delivered groceries, any health expenses related to COVID19, phone services, utilities, etc. due to loss of income and/or due to a COVID-19 positive test result. Please explain below your circumstances and the Village of Solomon will process your application as soon as possible.

First & Last Name: \_\_\_\_\_ Tribal Enrollment # \_\_\_\_\_

Physical Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred primary Phone Number and Email address to Contact:

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Please check the item(s) that you and your household need assistance with:

- Heating Fuel Company: \_\_\_\_\_ (List heating Acct#)
- Utilities/Electric/Power Company: \_\_\_\_\_ (List Utility Acct #)
- Food/Groceries \_\_\_\_\_ (List preferred store)
- Internet Company: \_\_\_\_\_ (List carrier & Acct#)
- Phone Company: \_\_\_\_\_ (List carrier & Acct#)
- Rent/Mortgage Assistance \_\_\_\_\_ (list landlord or mortgage lender and contact info: Name & number)

**You must attach any and all supporting documentation for which you are requesting financial assistance. This will expedite the review process. Examples of documentation; receipts, invoices, bills paid, paystubs, termination letters, fees for service – all must show covid related need.**

**Please also attach a copy of your COVID-19 positive test results, dated with the patients name.**

By signing below, I hereby certify that I have been economically affected by the COVID-19 pandemic and have incurred related expenses including, but not limited to the following: loss of income, food, housing, distance learning, healthcare, telehealth, telework, childcare, or other public health and safety needs and services. I am applying for COVID-19 Relief assistance to meet the basic needs for myself and my household.

Household Information

Name	Date at Birth			Relation to Head	Age	Sex	Social Security #	Enrollment (VOS Tribe)
				Self				

How many persons live in the house:                      Adults \_\_\_\_\_                      Children \_\_\_\_\_

Please explain your circumstances below:

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I am experiencing genuine financial need as a result of the COVID-19 pandemic as follows (check all that apply):

- I, (or someone in my household), became unemployed, had hours cut back, been furloughed, put on unpaid leave, unable to find work due to lack of seasonal employment such as fisheries, tourism, canceled summer youth programs, hiring freezes due to COVID-19.
- I, (or someone in my household), is unable to work or experiencing financial hardship due to no child care/school due to COVID-19 ( for example: higher electric, water/sewer, food costs etc. from children being home March-September)
- I, (or someone in my household), am experiencing significantly increased medical costs or lost health insurance due to COVID-19.
- I, (or someone in my household), experienced financial hardship due to shelter in place orders, required health mandates or closures due to COVID-19. (for example: unable to travel to sell artwork or not enough tourism to buy artwork, college students had to come home early due to dorm closures to shelter at home, etc.)
- I, (or someone in my household), am unable to work because my medical issues prevent me from returning to the office due to COVID-19 or needing to care for a person with COVID-19.
- I, (or someone in my household), experienced other financial hardship due to COVID-19. Please explain: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_