

Navajo Nation ARPA Hardship Application

APPLICATION PERIOD: JANUARY 10, 2022 – DECEMBER 30, 2022

Hardship 1 and Hardship 2 recipients, NO need to RE-APPLY. You Automatically Qualify for the ARPA Hardship.



****Checks cannot be reissued to another person**

Date of Application: _____

First Name: Middle Initial: Last Name: Suffix:

Attach copies of all CIBs (a CIB is required to receive assistance). No need to submit copies Social Security Card/Driver License or Birth Certificate

CIB No.: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

Chapter Affiliation: _____

Phone Number: _____ 2nd Phone Number: _____

Email Address: _____

Reason for Assistance: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

This form is only for individuals who have not received a Hardship 1 or Hardship 2 check.

If you just need an Address Change, you will need to fill out a Change of Address form.

****All Checks will be mailed out.** (Please make sure you are Registered Mail Box Holder) **

Please sign below to indicate all the information on the form is correct.

Signature Date

If you need to add your spouse or dependents, you can use the form on the next page. If you need to add more dependents, make a copy of the next page, and attach to the original form.

You can mail the application to: **Office of the Controller, PO Box 3150, Window Rock, AZ 86515**

Or Scan and Email application to: ARPAHardship@nnooc.org or drop off at: **Administration Building 1**

Spouse and Dependents Information

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |

Name: _____

CIB No. _____ Date of Birth: _____ Relationship: _____

Reason for assistance:

- | | |
|---|---|
| <input type="checkbox"/> Purchase personal protective equipment | <input type="checkbox"/> Isolation Expenses |
| <input type="checkbox"/> Pay Utility bills | <input type="checkbox"/> Livestock Related expenses |
| <input type="checkbox"/> Pay Rent/Mortgage | <input type="checkbox"/> Education Related expenses |
| <input type="checkbox"/> Other: _____ | |