

**GTB Cares ACT Stimulus Funding (COVID-19)
Elders Emergency Service
(JULY-DECEMBER 2020)**

Name _____ Tribal Id: _____

Address _____ Birthdate _____ Age _____

City _____ Michigan Zip _____ Phone _____

I am applying for assistance for: food, heat, cooling, snow removal, clothing, appliances, and other assistance as a result of my increased expenses due to the COVID-19 pandemic. I certify that I live in the six-county service area.

I understand that payment towards my bill(s) will need a current invoice in my name to process. The Vendor's names and amounts (not to exceed \$1000 in total) are:

Vendor Name _____ Amount _____

Vendor Name _____ Amount _____

Vendor Name _____ Amount _____

Please include a copy of your Tribal Id and Vendor (Utility, Insurance, and Landlord) statement. For reimbursement of previously purchased items or services, please include: Your Name, item purchased, and amount paid on receipt.

Please allow two weeks to process your request. Requests must be submitted on or by December 11th, 2020

Application's Signature _____ Date _____

Staff use: I have reviewed the information provided with the applicant. The applicant has attested that the information provided, including the need for support and that the nature of the need is related to the impacts of the COVID-19 pandemic, is true and correct.

Staff Signature _____ Date _____