



**Little Traverse Bay Bands of Odawa Indians**  
**Department of Human Services**  
 7500 Odawa Circle, Harbor Springs, MI 49740  
 Telephone: (231) 242-1622 Fax: (231) 242-1635  
 Email: DHSApplications@ltbbodawa-nsn.gov



**Payment IV: COVID-19 Financial Impact Relief Program Application**  
**Deadline Date: October 31, 2022**

**Filing Status**

- Adult** (Check if you are 18 years of age or older and/or an LTBB citizen filing as Head of Household)
- Head of Household** (Check if you are a Parent/Guardian with minor children in the household)

First Name	Last Name	Tribal ID #
<b>MAILING</b> Address	City	State
Telephone/Cell # (      )	Zip Code	Birthdate
E-Mail Address:		

Include all **LTBB Citizen Minor Children** living in the household.  Check if additional pages are attached

Name	Birthdate	Tribal ID #	Relationship

- \*\*Eligibility\*\*:**
- I am an adult Tribal Citizen or parent/guardian of a LTBB minor who is currently enrolled, since **October 21, 2021**, with LTBB.
  - I have experienced a negative financial impact on my household as a result of the COVID-19 Health Emergency.
- Check all that apply:**
- food assistance    rent    mortgage    utility assistance    counseling    legal aid to prevent eviction or homelessness
  - cash assistance    emergency assistance for burials    home repairs    weatherization    internet access
  - digital literacy assistance    job training to address negative economic
  - public health impacts experienced due to a worker's occupation or level of training

**\*\*REQUIRED: Please include a description of how you or your family have been impacted by Covid-19:**

**\*\*STRONGLY RECOMMEND FOR AUDITING PURPOSE:**  
 SUCH RECORDS SHOULD BE MAINTAINED UNTIL OCTOBER 31, 2026 IN ACCORDANCE WITH OIG RECORD KEEPING.

**Guidance**  
*Signing this application, for myself or as parent/guardian, I CERTIFY that I or my child/ward meet the eligibility criteria for the Payment IV: COVID-19 Financial Impact Relief Payment Program.*

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

\*\*\*\*\*To be completed by Human Services Dept\*\*\*\*\*

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Sent to Accounting on:** \_\_\_\_\_

**Payment IV: COVID-19 Financial Impact Relief Program Application pg 2.**

*This page is to be used if you indicated on page 1 that additional space is needed to list LTBB Citizen Minor Children. All others disregard*

*Please print name of Head of Household from pg 1*

\_\_\_\_\_ **First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Tribal ID #**

*LTBB Citizen Minor Children continued*

<b>Name</b>	<b>Birthdate</b>	<b>Tribal ID #</b>	<b>Relationship</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PLEASE MAIL, EMAIL OR FAX COMPLETED APPLICATION TO:

**Little Traverse Bay Bands  
ATTN: Human Services  
7500 Odawa Circle  
Harbor Springs MI 49740**

Fax 231-242-1635

Email: [DHSApplications@ltbbodawa-nsn.gov](mailto:DHSApplications@ltbbodawa-nsn.gov)

**ALL APPLICATIONS MUST BE RECEIVED BY OCTOBER 31, 2022**

Questions on this application?

Please contact Melanie Gasco, DHS Program Generalist or Veronica Sanders, DHS Administrative Assistant at 231-242-1622