



Urban Indian Center of Salt Lake
COVID-19 EMERGENCY RELIEF ASSISTANCE



DOCUMENTS NEEDED

- Paystubs
- Documentation of Unemployment Benefits due to COVID
- Layoff or termination of employment letter due to COVID or contact information for Human Resources
- Bill from the utility, landlord, mortgage, etc. documenting the amount requested. All supporting documentation must be provided within **30 days** of receiving application or it will not be considered for approval.

IMPORTANT INFORMATION

COVID-19 EMERGENCY ASSISTANCE FUNDING IS LIMITED AND WILL BE AWARDED TO APPLICANTS WHO CAN PROVIDE DOCUMENTATION SHOWING THAT THE ASSISTANCE REQUESTED IS RELATED TO FINANCIAL HARDSHIP EXPERIENCED DUE TO COVID-19 RESTRICTIONS. ONCE FUNDING IS EXHAUSTED NO APPLICANTS WILL BE ACCEPTED OR APPROVED.

Applications are considered COMPLETE when all documentation has been attached

One application per household address will be accepted

APPLICATION INFORMATION

Applications can also be printed from the
website: www.uicsl.org

Applications may be picked up, or completed applications may be dropped off at the front desk at UICSL

CONTACT INFORMATION

Samira Hitlall @ sthitlall@iwic.org or Jacqueline Reed @ jreed@iwic.org
801-486-4877

Office Hours: Monday - Friday 9:00am – 4:00pm



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Applicant's Name (please print):	
Contact phone number:	
Contact email:	
Applicant's Date of Birth:	
Are you registered at UICSL:	YES NO
Mailing Address:	
Physical Address:	

Please give a brief explanation how this one-time assistance is related to financial or employment consequences related to COVID-19:

Did you lose income due to Covid-19? YES NO

If yes, Please explain:

Did you have any additional expenses for necessities due to Covid-19? YES NO

If yes, Please explain:

Did you need food assistance? YES NO



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Do you receive any public assistance? YES NO
Check all that apply below:
TANF
Financial Assistance
SSI
Food Stamps
VA
Medicaid/ CHIP
Unemployment
C.A.R.E.S. Assistance
CAP/ Heat Program
Are you employed? YES NO
Please provide a copy of paystubs for the relevant period of work hours were reduced due to COVID-19

If you do not receive any income, please explain why and how the assistance you are requesting is due to COVID-19 social distancing or other restrictions below.

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FAMILY COMPOSITION AND MEMBERS:

Please list the name(s) of the Applicant's family members who are presently residing in the same household with the Applicant, and their relationship to the Applicant (i.e.: "Joe Doe - Brother") and their income(s) for the last 6 months.

Name of Family Members	Relationship	Age	Birthdate	Family Size
Applicant	Self			1
				2
				3
				4
				5
				6
				7
				8
Family Size in Last 6 Months:	Total Monthly Family Income: \$			

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APPLICANT Certification:

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documentation to support this intake.

It has been explained to me and I understand that :-(1) Misstatements or Misrepresentations on my part in these or other related forms may be cause for dismissal and possible actions for the collection of any compensation received by me; (2) Anyone who makes a false statement or representation of facts to determine Emergency COVID-19 eligibility may be committing a crime punishable by law and may be COVID-19 eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury; (3) Should I be deemed ineligible for COVID-19 funding by the official verification process I agree to immediately relinquish COVID 19 funding and I may be liable for all payments made to me and on my behalf while enrolled in the COVIO 19 funding.

I hereby authorize release of this information for verification purposes, knowledge of the questions on this Eligibility Record have been answered in a true and correct manner and further understood that COVID-19

Emergency Assistance is not a guarantee.

My signature below indicates that I have been informed and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification I understand that falsification of any items will make me ineligible for COVID-19 Emergency Assistance funding and may result in action to recover any aide paid to me.

Print Name of Applicant	Signature of Applicant	Date	Signature of Co-applicant	Date
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----OFFICE USE ONLY BELOW----

CERTIFIED: <input type="radio"/> Eligible <input type="radio"/> Ineligible _____ Chart Number:	Date Certified:	Signature and Title of Verifier	Date
Signature of Certifier		Date	