



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



**REQUIRED DOCUMENTS**

- Two most recent paystubs
- Documentation of Unemployment Benefits due to COVID-19.
- Layoff or termination of employment letter due to COVID-19, or contact information for Human Resources.
- Completed applications are submitted to approval committee once a week on Wednesday mornings. All supporting documentation must be provided before your application is submitted for approval.
- A printed bill from each bill issuer you are requesting assistance for: utility companies, landlord, mortgage holder, etc. Bills must be for the amount requested in your application. You must submit all documentation within **30 days** of turning in your application or it will not be considered for approval, and a new application must be filled out after 30 days.

**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 a direct financial hardship experienced due to COVID-19 restrictions. **Approved funding is a one-time only award.** Amount awarded may not equal amount requested, due to funding guidelines and limited funds. Some requests may be referred to other available assistance in the community.

Once funding is exhausted no applications 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 be found at

[www.uicsl.org](http://www.uicsl.org)

Applications may be picked up or completed applications may be dropped off at the front desk at UICSL during business hours

**CONTACT INFORMATION**

Sarah Scheibe @ [sscheibe@iwic.org](mailto:sscheibe@iwic.org) or Jacqueline Reed @ [jreed@iwic.org](mailto:jreed@iwic.org)  
801-486-4877

Hours of Assistance: Monday - Friday 9:00am – 4:00pm



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<b>Applicant's Name:</b> <i>If request includes rental or mortgage assistance, applicant should be lease or mortgage holder</i>	
<b>Tribe:</b>	
<b>Applicant's CIB or Tribal Enrollment Number:</b>	
<b>Applicant's Date of Birth:</b> <b>Applicant's Phone Number:</b>	
<b>Applicant's Email Address:</b>	
<b>Mailing Address:</b>	
<b>Physical Address:</b>	

Are you registered at UICSL?      Yes    No

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

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Did you lose income due to Covid-19?    YES     NO   
If yes, Please explain:

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Did you have any additional expenses for necessities due to Covid-19?    YES     NO   
If yes, Please explain:

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Did you need food assistance?    YES     NO

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Please list below the type of expense and amount of total request and attach supporting documentation of bill from the utility, landlord, mortgage, medical, transportation, etc. Documentation must be provided before committee will consider the request. **If the application is approved, assistance is provided on a one-time only basis; due to funding limitations, the entire amount requested in your application may not be awarded.**

Expense Type	Date bill was issued	Date bill is due	Amount
			Total Amount Request =

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Do you receive any public assistance?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Check all that apply below:	
TANF <input type="checkbox"/>	Amount=
Financial Assistance <input type="checkbox"/>	Amount=
SSI <input type="checkbox"/>	Amount=
Food Stamps <input type="checkbox"/>	Amount=
VA <input type="checkbox"/>	Amount=
Medicaid/ CHIP <input type="checkbox"/>	
Unemployment <input type="checkbox"/>	Amount=
C.A.R.E.S. Assistance <input type="checkbox"/>	Amount=
CAP/ Heat Program <input type="checkbox"/>	
Are you employed?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
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\$:			

**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 a; (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 COVID 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 completed and understand the information contained in this form. I certify that all of the information provided is true and complete. I agree that any information I have supplied is subject to verification and 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 aid paid to me.

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

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