

# 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: \_\_\_\_\_ 2<sup>nd</sup> 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: [ARPA.Hardship@nnooc.org](mailto:ARPA.Hardship@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: _____	