



SNOQUALMIE INDIAN TRIBE STATE AND LOCAL FISCAL RECOVERY CASH ASSISTANCE APPLICATION

To apply for SLFRF Cash Assistance Program, you must complete a SLFRF Cash Assistance Program application and turn it into the General Resources Department by **no later than June 30, 2023**.

Applications can be scanned, faxed, mailed or hand delivered to:

Attn: General Resources Department

Mail: P.O. Box 969, Snoqualmie, WA 98065

Fax: (206) 202-4535

Email: ARPA@snoqualmientribe.us

ELIGIBILITY

To be eligible for the SLFRF Cash Assistance Program, you must be an enrolled adult Snoqualmie Tribal member who currently receives services from the Tribe.

BENEFIT AMOUNT

Eligible adult enrolled Tribal members are eligible for a **one-time** cash assistance transfer in the amount of \$1,400.00 via direct deposit or check

APPLICATION PROCESS

- A. To apply to receive this benefit, you must complete this application. Applications must be received by the 10th of the month to be eligible for the distribution on the 1st of the following month.
- B. Upon approval of an SLFRF Program application, SLFRF Program Assistance will be distributed to the SLFRF Recipient. The Department will process applications in monthly batches, with a distribution for approved applications going out on or around the 1st of the month.
- C. Cash Assistance is available to eligible Tribal Members on a first come, first serve basis.
- D. Once all Cash Assistance has been distributed consistent with this Policy, the SLFRF Cash Assistance Program will terminate automatically. Tribal Council may elect to terminate the Policy at any time.

LIMITS ON DISTRIBUTION

- A. A Tribal Member cannot use a Cash Assistance transfer to satisfy any obligation arising under or pursuant to a settlement agreement, judgement, consent decree, or judicially confirmed debt restructuring in a judicial, administrative, or regulatory proceeding. A Tribal Member cannot use a Cash Assistance transfer for an expenditure that conflicts with or contravenes the purpose of the American Rescue Plan Act.
- B. The Tribe may terminate, revoke, recoup, or forfeit Cash Assistance transferred to any Tribal member who violates the terms of this Policy, or who is found to have made any misrepresentations during the application process. Cash Assistance used in violation of this Policy are subject to remediation and recoupment.



SNOQUALMIE INDIAN TRIBE STATE AND LOCAL FISCAL RECOVERY CASH ASSISTANCE APPLICATION

APPLICATIONS CAN BE SCANNED, FAXED, MAILED OR HAND DELIVERED TO THE
SNOQUALMIE TRIBAL OFFICE AT:

ATTN: GENERAL RESOURCES DEPARTMENT
MAIL: P.O. BOX 969, SNOQUALMIE, WA 98065

FAX: (206) 202-4535
EMAIL: ARPA@SNOQUALMIETRIBE.US

APPLICANT INFORMATION

Name:			
Address:	City:	State:	Zip Code:
Phone:		Email:	
Are you an enrolled member of the Snoqualmie Indian Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No Enrollment Number:			
Are you over the age of eighteen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently receive services from the Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SLFRF CASH ASSISTANCE PROGRAM DECLARATION AND CERTIFICATION

I declare under the penalty of perjury under the laws of the Snoqualmie Indian Tribe that I understand, acknowledge, and affirmatively agree to the following: (every box must be initialed or application will be deemed incomplete)	
Initials:	The answers contained in this application have been examined by me and are true, correct, and complete.
Initials:	I have reviewed the SLFRF Cash Assistance Program Policy. I agree to comply with the SLFRF Cash Assistance Program Policy, and I consent to the policies and procedures set forth in the SLFRF Cash Assistance Program Policy.
Initials:	I am an adult enrolled member of the Snoqualmie Indian Tribe.
Initials:	I currently receive services from the Tribe.



SNOQUALMIE INDIAN TRIBE STATE AND LOCAL FISCAL RECOVERY CASH ASSISTANCE APPLICATION

Initials:	I will not use a Cash Assistance transfer to satisfy any obligation arising under or pursuant to a settlement agreement, judgment, consent decree, or judicially confirmed debt restructuring in a judicial, administrative, or regulatory proceeding.	
Initials:	I will not use a Cash Assistance transfer for an expenditure that conflicts with or contravenes the SLFRF Cash Assistance Program Policy or the purpose of the American Rescue Plan Act.	
Initials:	I understand that if I fail to comply with the Snoqualmie SLFRF Program Policy, I will be immediately terminated from the SLFRF Cash Assistance Program.	
Signature:	Printed Name:	Date:
Application prepared by (indicate if prepared by person other than the applicant):		