



Eastern Shoshone Tribe

American Rescue Plan Act: Cash Assistance Program

Phone: (307) 332-2920 Fax: (307) 335-8978

P.O. Box 398 Fort Washakie, WY 82514

Website www.easternshoshone.org or www.shoshonecredit.org

E.S.T. Cash Assistance Application

ASSISTANCE AMOUNT : \$2,000.00 PER EASTERN SHOSHONE ENROLLED MEMBER

(One time disbursement \$1,500.00 + \$500.00=\$2,000.00)

DEADLINE TO APPLY : July 30, 2021 to receive a check in the USPS mail by August 1, 2021

Applicant Name

(If the enrolled member is a minor, a non-enrolled parent/guardian info goes here)

FIRST MIDDLE LAST *(Maiden & Married)* SUFX (Jr Sr I II III)

MAILING ADDRESS

(Where you will receive the check)

P.O. Box or Mailing Address City State Zip

Contact Phone # () _____

Eastern Shoshone Tribal Members Information						Tribal Enrollment	Enrollment Verification
First	Middle	Last	Sufx	Date of Birth	Number 282U-		
Household Information							
(Self) 1							
2							
Eastern Shoshone Enrolled Dependents							
3							
(List enrolled children where you can provide proof of legal custody as of July 1, 2021 that will be verified by Shoshone Enrollment Office)							
4							
5							

Use the back of the page for more space if needed

I declare that I am a enrolled member of the Eastern Shoshone Tribe and 18 years of age or older. I hereby certify I have been negatively impacted by COVID-19 in ways that have caused or may cause myself and members of my household to need cash assistance. I also certify the above information is true and correct and if requested by the Eastern Shoshone Tribe, I can provide documentation in support of the statement of need. I also certify I am the individual listed on this application to receive COVID-19 aid and I understand that if any of this information is false, that I can be held liable to return any aid payments received.

ARPA Cash Assistance Checks are ONLY disbursed by Shoshone Credit Program, this is NOT a Tribal Loan. Shoshone Credit Program has NO authority over any procedures of ARPA funds, if you have any questions please contact the COVID-19 Program at 307-335-2009

X

Tribal Applicant Signature

Date

For Official Use Only *****

Received on

Received by

Total Approved Household Payment \$ _____

Address check?

Emp Initial

Check # _____