



LUMMI INDIAN BUSINESS COUNCIL

2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000

2020 Lummi Nation COVID-19 Emergency Assistance Intake Form

This form will be used for LIBC internal use only. This information contained on this form is not for distribution to any outside agency or entity.

Application Information

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City, State, Zip: _____

Lummi Enrollment #: _____ Social Security #: ____ - ____ - ____ Birth Date: ____/____/____

Phone Number: (____) _____ -- _____ Email Address: _____

Certification of Emergency Assistance during COVID-19

I, _____ am certifying I am a member of the Lummi Nation with _____
Print Name Lummi Enrollment #

I hereby accept this one-time COVID-19 emergency distribution and I will use this assistance to supplement my basic expenses such as paying for rent, utilities, mortgage payments, essential food and supplies, health care, funeral support, and cultural activities in accordance with LIBC Resolution # 2020-075. By my signature below, I declare that all of the above statements are true and accurate.

Signature

Date

*All original forms must be turned into LIBC Treasurers Office in person during distribution dates or via email or mailed. No check will be released until this form is completely filled out and received. Forms can be submitted to Treasurersoffice@lummi-nsn.gov or address above.

Quick Survey:

Are you currently unemployed? Yes _____ No _____