



## **COVID ASSISTANCE PROGRAM DISCLOSURE AND CHECK RECEIPT FORM**

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### **Certification**

By signing below, I certify that I am in receipt of a check from the Reno Sparks Indian Colony in the amount of \$ \_\_\_\_\_ Check #: \_\_\_\_\_.

The payment is in response to my application for financial assistance to offset the impact of Covid-19. I and my family members (if applicable), have suffered as a result of the Covid-19 Pandemic.

I further certify and represent that the funds I received under the Covid Assistance Program funded through the American Rescue Plan Act (ARPA), will be only be used to purchase essential goods and services to relieve the impact of Covid-19 and support my self-sufficiency and the self-sufficiency of my family members (if applicable).

I agree to utilize Covid Assistance funding for essential needs including, but not limited to, housing, utilities, groceries, hygiene items, cleaning and disinfecting supplies and other household necessities.

I certify that the information in my application is true and correct to the extent of my knowledge. I understand that submitting false information and/or documentation may be a crime punishable under Tribal and Federal Law. I understand that false information is also a basis to disqualify me for future assistance.

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Human Services Employee: \_\_\_\_\_

Date: \_\_\_\_\_