

LRBOI -Members Assistance Department

2608 Government Center Drive Manistee, MI 49660

Ph: 231.398.6739/888.723.8288

Fax:231.398.6748

Email: memberssubmit@lrboi-nsn.gov

I am using this Tribal General Welfare Economic Hardship Stimulus Payment because (check all that apply):

- Difficulty affording food or household goods
- Difficulty making payments for transportation or affording transportation costs
- Difficulty making utility payment or increased utilities costs
- Difficulty making rent/housing payment, or increased housing costs
- Loss of income including
- Online job training or retraining to address employment

- Expenses for cultural/ceremonial activities
- Expenses related to children home from school, including daycare or childcare expenses, educational supplies such as technology, internet services, etc.
- Other (please explain):

- In order to receive the Tribal General Welfare Economic Hardship Stimulus Payment, I have checked all the boxes that apply to my circumstances.

Release of Information, Disclaimer, and Certification

I acknowledge that:

I am an enrolled LRBOI Tribal Member, or I am a parent/guardian of an enrolled Tribal Member.

I have a correct mailing/physical address and phone number on file with the Enrollment Department. (If your contact information is not up to date with the Enrollment Department, this will postpone approval of your stimulus payment.)

I agree to adhere to program guidelines including a complete application and certification of truthfulness by signature.

I agree to use this Tribal General Welfare Economic Hardship Stimulus Payment for eligible living expenses (food, housing, utilities, transportation and for cultural/ceremonial activities).

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I understand the LRBOI Administration of this program, and its staff, may access records to verify enrollment information in my application.

I understand that my application must be approved in order to receive this payment.

My preferred method of contact (check the box): Cell Phone Home Phone Email Fax

I certify that I will use this assistance for the purposes it was awarded. I also swear under penalty of perjury that the information contained in this application is true and accurate.

Signature of Applicant (or Parent/Guardian of enrolled minor)	
Printed Name of Applicant	Date

This entire application must be completed and received on or before June 12, 2025. Completed applications may be delivered in person, mailed using the enclosed self-addressed and stamped envelope included in the application mailing , emailed to : memberssubmit@lrboi-nsn.gov or faxed to 231.398.6748.

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For Internal Use Only

Members Assistance/Accounting Only

Date the Application was received _____

Name of the Applicant _____

On _____ the Specialist determined that the Application:

Does comply with the requirements of the guidelines and is otherwise complete. Application was approved on _____ and disbursement was requested on _____

Does not comply with the requirements of the policy, or the application is not otherwise complete. The Specialist informed the Applicant of this determination by:

Postal Mail Email Fax Telephone Orally on (date) _____

The reason for the denial is as follows:

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Accounting processed this application and the check was disbursed on (date) _____

Name/Title of Members Assistance Specialist:	Date
Name/Title of Accounting Specialist:	Date