

## THE COVID-19 EMERGENCY REQUEST ARE FOR INDIVIDUALS/FAMILIES THAT HAVE BEEN DIRECTLY AFFECTED BY THE COVID-19 PANDEMIC AND ARE FACING ECONOMIC HARDSHIPS.

Tłıcho Citizen must meet one of the following criteria:

- 1) Unexpected Job Loss due to the pandemic and have no other means of income.
- 2) Have experienced total or significant loss of income and are not receiving compensation from any other sources because:
  - a) You have been diagnosed with COVID-19
  - b) You have been directed by health authorities to self isolate
  - c) You are the sole caregiver of any dependent(s) who is in self-isolation
  - d) You have lost of income due to caring for dependents as a result of cancellation of schools (K-12), daycare, etc.

## **APPLICATION CHECKLIST**

Completed Application Form, and Provided Doc

Provided Documentation for back-up.

PLEASE FORWARD COMPLETED FORMS TO: emergencyfunds@tlicho.com

If you have additional questions regarding the Tłįchǫ Emergency Assistance Funds; please contact Michelle Zoe at 867-447-0721 or Antonia Dryneck at 867-492-3823.

APPLICATION								
1. Applicant Inform	mation							
Full Name:				Date o				
2. Contact information:								
Address:	House #	PO Box	Communit	у	Province	Postal Code		
Daytime Phone #:			Evening P	hone #:				
3. Tłįchǫ Dependent information residing with you:								
Name	Date of Birth			Relation				





4. COVID-19:							
Has the COVID-19 had a direct impact on you and your family:	Yes or	No					
If yes, please explain how it has a direct impact on you and your family:							
5. Request:							
Please explain in detail what you are requesting and provide documentation: (example: letter of job loss)							

## 6. Waiver

I certify that the information submitted for the COVID-19 Emergency Request Form is true and correct to the best of my knowledge. I further understand that any false statement may result in denial or revocation of form.

I acknowledge that everything is true to be ability and have provided all necessary documentation to support my request for the Tł<sub>2</sub>ch<sub>2</sub> Emergency Fund Assistance.

I have read the Waiver, I understand it and I agree. Yes or No