



MILLE LACS BAND OF OJIBWE

Band Member Attestation

I, _____, _____ hereby certify
(Last Name) (First Name) (MI)

that, since March 1, 2020: (Check **only ONE** box below)

I have been negatively impacted by the COVID-19 Public Health Emergency in ways that have caused, or may cause, myself and members of my household to need economic assistance from the Band and from other sources in order to enable me and members of my household to mitigate or respond to the COVID-19 Public Health Emergency. These negative impacts may include, but are not limited to, occupational and household stress, personal health, and family economic impacts of telework, home schooling and distance learning, child care, food insecurity and higher food and transportation costs, loss of income, family caretaking, and other negative impacts or burdens caused by the COVID-19 pandemic and public health emergency. If requested by the Mille Lacs Band of Ojibwe, I can and will provide documentation in support of my attestation of need.

OR

I have not, and will not be negatively impacted by COVID-19 and request no economic assistance from the Band. I understand that by selecting this box, I will not receive COVID-19 Economic Support payments and such payments I previously received might be treated by the IRS as taxable income. Furthermore, any \$500.00 per month amounts withheld from payments I previously received will not be paid to me.

(Signature)

(Date)

(Band ID#, if known)

(Phone Number)

DISTRICT I

43408 Oodena Drive • Onamia, MN 56359
(320) 532-4181 • Fax (320) 532-4209

DISTRICT II

36666 State Highway 65 • McGregor, MN 55760
(218) 768-3311 • Fax (218) 768-3903

DISTRICT IIA

2605 Chiminissing Drive • Isle, MN 56342
(320) 676-1102 • Fax (320) 676-3432

DISTRICT III

45749 Grace Lake Road • Sandstone, MN 55072
(320) 384-6240 • Fax (320) 384-6190

URBAN OFFICE

1433 E. Franklin Avenue, Ste. 7c • Minneapolis, MN 55072
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