



# Navajo Nation Hardship 2 Application

(Application Period August 1 – September 30, 2021)

Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

CIB No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ 2<sup>nd</sup> Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for assistance:

**If you have received assistance from Hardship 1 last year, you will not be eligible for assistance from Hardship 2. This assistance is only for enrolled members negatively impacted by COVID-19 who have not previously received Hardship assistance last year.**

Payment Option:

Pick up at Office of the Controller Window Rock, AZ

Mail  
(Please make sure you are registered Mail Box Holder)

Please sign below to indicate all the information on the form is correct.

Signature

Date

\_\_\_\_\_

If you need to add your spouse or dependents, you can use the form on the next page. If you need to add more dependents, please make a copy and attach to the original form.

You can mail the application to: Office of the Controller, PO Box 3150, Window Rock, AZ 86515

## Spouse and Dependent Information

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Spouse's Name: \_\_\_\_\_

CIB No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for assistance:

Dependent's Name: \_\_\_\_\_

CIB No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for assistance:

Dependent's Name: \_\_\_\_\_

CIB No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for assistance:

Dependent's Name: \_\_\_\_\_

CIB No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for assistance:

Dependent's Name: \_\_\_\_\_

CIB No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for assistance: