



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: _____
*Please attach a copy

Address: _____

City: _____ State: _____ Zip Code: _____

Chapter Affiliation: _____

Phone Number: _____ 2nd 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

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: