



SMC COVID-19 Emergency Assistance Application

****THIS IS NOT A PER CAPITA PAYMENT ****

Stockbridge-Munsee Community (SMC) Tribal Member requesting funds from the SMC COVID-19 Emergency Assistance Program will need to complete this application to verify eligibility. A separate form must be filled out by each individual.

First Name: _____ M.I. _____ Last Name: _____

DOB: _____ Stockbridge-Munsee Tribal ID#: _____ SSN# Last 4 digits: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Section 1: Household Impact Directly Related to COVID-19 Pandemic (Required for all applicants). Check all that apply and provide documentation:

- ☐ Expenses for Children home from school. i.e. Daycare expenses, increased food costs
- ☐ COVID-related quarantine or isolation cost
- ☐ Difficulty making rent/housing payment(s)
- ☐ Difficulty making utility payments(s)
- ☐ Other financial hardship related to COVID-19 and housing and/or various utility expenses (please explain) _____

Section 2: Select a Payment Type **not to exceed \$1,000.**

☐ I choose reimbursement of expenses (provide receipts)

☐ Send check by mail in the amount of \$ _____

☐ Direct deposit in the amount of \$ _____

Bank Name: _____

Account Type (check one): ☐ Checking ☐ Savings

Bank Routing Number: _____

Bank Account Number: _____

☐ I choose payment be made directly to vendor(s) (provide invoices):

Vendor and Address: _____ Amount: \$ _____

Vendor and Address: _____ Amount: \$ _____

Vendor and Address: _____ Amount: \$ _____

Section 3: Certification/Release of Information/Disclaimer

As part of the SMC COVID-19 Assistance Program, I hereby certify that all of the following statements are accurate.

- I have suffered an economic hardship from the COVID-19 pandemic and require assistance with my expenses.
- I have been negatively impacted financially by either (a) a loss of employment or (b) a reduction in employment income because of COVID-19 impacts or (c) emergency expenses because of COVID-19 impacts.
- All information submitted in this Application, including any supporting documentation that I have provided as evidence of my expenses, is accurate.
- I understand the SMC and its staff, and agent(s) may access records to verify enrollment information in my verification form.
- I understand that assistance under this program is intended to be exempt from taxation as a general welfare and/or disaster relief assistance program under federal law (26 U.S.C. 139E and 139).
- I understand it is my responsibility to determine any impact the emergency relief funds I receive may have on other public assistance I currently receive or may receive in the future.
- I certify that the expenditures for which I am seeking reimbursement have not been reimbursed by another government or organization.
- I understand that information in this Application is protected and confidential, except to the extent that it may be audited under tribal and/or federal law.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Please return this application form, in person at the Stockbridge-Munsee Housing Office, US Certified Mail or online by **4:00 pm, Tuesday, December 1st, 2020**, any applications received after this date will not be considered for funding. It is the responsibility of the applicant to make sure the application is received. Any questions, please call 1-715-793-4111.