



Stockbridge-Munsee Community COVID-19 Assistance Program Application

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

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

Enrollment No.: _____ DOB (MM/DD/YYYY): _____ SSN# Last 4 digits: _____

Full Legal Name: _____

Mailing Address: _____

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:

- Furloughed/Layoff from Employment
- Loss of Employment due to the pandemic (March 15, 2020- December 1, 2020)
- Suspension of Medical Insurance
- Reduction in work hours/pay
- Expenses for Children home from school. i.e. Daycare expenses, increased food costs
- Educational supplies needed or internet services for distance learning
- Increased food costs
- Relatives living with you
- COVID-related quarantine or isolation cost
- Difficulty making rent/housing payment(s)
- Difficulty making utility payments(s)
- Increased cleaning, PPE, or in-home care and/or medical supplies due to age or medical condition
- Underlying medical condition, requiring staying home to prevent exposure
- Other financial hardship (please explain) _____

Section 2: Select a Payment Type not to exceed \$500.

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 Tribal Office Building, 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.