Stockbridge-Munsee Community
FY-2021 Per Capita
Application Instructions

The Stockbridge-Munsee Community Enrollment Department is required to keep complete and accurate records for purposes relating to individual tribal members and their per capita distributions. It is important that you update your mailing address with the tribe on a regular basis.

ELIGIBILITY
- Adult enrolled members (age 18 yrs. by October 30th, 2021)
- Enrolled by June 1st, 2021 with the Stockbridge-Munsee Community
- Deceased members alive as of June 1st, 2021 (Payable to the estate of the member)

CHANGE OF INFORMATION
- Name Changes
  - Submit a copy of legal documentation, marriage license, or I.D. to verify the change
- Guardianship or Power of Attorney
  - Submit a copy of legal documentation verifying guardian or power of attorney status
- Address changes OR Payment changes (after Per Capita Application is submitted)
  - Resubmit a new Per Capita Application

SUBMIT PER CAPITA APPLICATIONS
- Submit COMPLETE Per Capita Applications
  - BY-MAIL or deliver IN-PERSON to:
    Stockbridge-Munsee Community
    Enrollment Department
    Hours of Operation
    P.O. Box 70
    Monday to Friday
    Bowler, WI 54416
    8:00 AM – 4:30 PM

PER CAPITA APPLICATION DEADLINE
- Applications MUST be received by the Enrollment Department ON or BEFORE:
  - Friday, August 27th, 2021 at 4:30 p.m. to receive payment AFTER October 30th, 2021
  - NO EXCEPTIONS!

NOTARIZATION OR SIGNATURE OF ENROLLMENT OFFICIAL
- Per Capita Applications may be submitted:
  - IN-PERSON: WITHOUT notarization if delivered IN-PERSON to the Enrollment Department
  - BY-MAIL: MUST be notarized if submitted BY-MAIL

INCOMPLETE PER CAPITA APPLICATIONS
- Incomplete applications will not be processed & will be returned BY-MAIL
- Faxes or copies will not be processed (MUST submit original application)

PER CAPITA PAYMENT AMOUNT
- Payment amount (before taxes) for FY-2021: $1,000
- Payments will be issued AFTER: October 30th, 2021

DIRECT DEPOSIT
- If you do not receive your Per Capita payment after October 30, 2021, the funds may have been rejected by your bank
  - If the bank rejects the payment, a check will be mailed to the address listed on the application

CHECK BY MAIL
- If you are receiving a check BY-MAIL, please allow time for delivery
- You may request a stop payment or check re-issue after November 20, 2021
- If you have not received your Per Capita payment by November 20, 2021, please contact:
  Enrollment Department at (715) 793-4677; (715)793-4671;(715) 793-3049

PER CAPITA INCOME
- Need-based benefit programs may be affected by per capita distributions. Please consult with your caseworker or the appropriate agency if you have any questions or concerns
Section 1: Member Information

Enrollment No.: ___________________ DOB (MM/DD/YYYY): ___________________ Last 4-Digits of SSN: XXX-XX- __________

Full Legal Name: ___________________ ___________________ ___________________ ____________________________________

First Middle Last Suffix/Maiden (if any)

Contact Info: Primary Phone: ( ) ___________________ Mobil Phone: ( ) ___________________

Email Address [required for direct deposit]: ___________________

List address for all tribal mail/correspondence below:

Mailing Address: _____________________________________________________

Street or P.O. Box / Apt. # ___________________ City / State / Zip Code ___________________

☐ DIFFERENT Address for Check: Complete if you would like your Per Capita check sent to a different address than your mailing address.

Address: _________________________________________________________

Street / P.O. Box / Apt. # ___________________ City / State / Zip Code ___________________

Section 2: Payment Type

☐ I choose to DENY the FY-2021 Per Capita Payment

☐ I choose to ACCEPT the FY-2021 Per Capita Payment:

☐ SEND CHECK BY MAIL (Payments will be mailed out AFTER October 30th, 2021)

☐ DIRECT DEPOSIT (Payments will be Direct Deposited AFTER October 30th, 2021)

Action Type (check one):

☐ Use Existing Direct Deposit

☐ New OR Change Direct Deposit

Account Type (check one):

☐ Checking

☐ Savings

☐ Other (specify): _______________________________________

Bank Information

Bank Name: _________________________________________________

Bank Routing Number: ______________________________________

Bank Account Number: ______________________________________

NOTE: If NEW Direct Deposit, you MUST attach a voided check/bank document verifying routing/account numbers.

Section 3: Member Signature & Notarization

I have read and understand the FY-2021 Per Capita Application Instructions that accompany this form.

If my Per Capita Payment is being disbursed by direct deposit and the bank rejects the payment, I understand that a check will be sent by mail to the address listed on this form.

I, the undersigned, do hereby certify under penalty of perjury, that all the information on this form is true and correct.

MEMBER SIGNATURE: ___________________ DATE: ___________________

☐ Signature by Power of Attorney (POA) or Guardian (include documentation).

(CERTIFICATE OF NOTARY PUBLIC OR

Stockbridge-Munsee Enrollment Official

The above-named person came before me

This _____ day of ____________, 20___

NOTARY PUBLIC OR Enrollment Official Signature:

My commission expires: ___________________