Stockbridge-Munsee Community
FY-2022 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 31st, 2022)
- Enrolled by June 1st, 2022 with the Stockbridge-Munsee Community
- Deceased members alive as of June 1st, 2022 (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
    P.O. Box 70
    N8476 MohHeConNuck Road (LOCATION: Tribal Offices)
    Bowler, WI 54416

Hours of Operation
- Monday to Friday
- 8:00 a.m. – 4:30 p.m.

PER CAPITA APPLICATION DEADLINE
- Applications MUST be received by the Enrollment Department ON or BEFORE:
  Monday, August 29th, 2022 at 4:30 p.m., to receive payment ON October 31st, 2022
  Any applications after this date will be processed at a later date.

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-2022: $1,250
- Payments will be issued AFTER: October 31st, 2022

DIRECT DEPOSIT
- If you do not receive your Per Capita payment after October 31, 2022, 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, 2022
- If you have not received your Per Capita payment by November 20, 2022, please contact:
  Enrollment Department at (715) 793-4111

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-2022 Per Capita Payment

☐ I choose to ACCEPT the FY-2022 Per Capita Payment:

☐ SEND CHECK BY MAIL (Payments will be mailed ON OR AFTER October 31st, 2022)

☐ DIRECT DEPOSIT (Payments will be Direct Deposited ON OR AFTER October 31st, 2022)

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-2022 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: ____________________________