

# Stockbridge-Munsee Community

## FY-2024 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, 2024)
- Enrolled by June 1<sup>st</sup>, 2024 with the Stockbridge-Munsee Community
- Deceased members alive as of June 1<sup>st</sup>, 2024 (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

N8476 MohHeConNuck Road (LOCATION: Tribal Offices)

8:00 a.m. – 4:30 p.m.

Bowler, WI 54416

#### PER CAPITA APPLICATION DEADLINE

- Applications MUST be received by the Enrollment Department ON or BEFORE:  
Friday, August 30th, 2024 at 4:30 p.m. to receive payment ON October 31<sup>st</sup>, 2024  
**Any applications after this date will be processed at a later date.**

#### ***Application must be notarized unless signed in front of Enrollment Staff***

Per Capita Applications may be submitted:

- IN-PERSON: WITHOUT notarization. But signed in front of Enrollment Staff.
- BY-MAIL: MUST be notarized if submitted BY-MAIL
- IF NOT notarized the application will be mailed back.

#### INCOMPLETE PER CAPITA APPLICATIONS

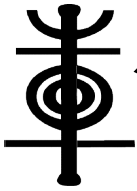
- Incomplete applications will not be processed & will be returned BY-MAIL
- ***Faxes or copies will not be accepted and will be emailed back (MUST submit original application)***

#### PER CAPITA PAYMENT AMOUNT

- Payment amount (before taxes) for FY-2024: **\$1,500.00**
- Payments will be issued AFTER: October 31<sup>st</sup>, 2024
- **DIRECT DEPOSIT**
  - If the bank rejects the payment, a check will be mailed to the address listed on the application after October 31, 2024.
  - PRINT LEGIBLE INFORMATION WILL STOP REJECTIONS AT YOUR BANK.
- **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, 2024
  - If you have not received your Per Capita payment by November 20, 2024, please contact:  
**Finance Department at (715)793-4358 or (715)793-4021**

#### 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



# Stockbridge-Munsee Community

## FY-2024 PER CAPITA APPLICATION

**DEADLINE: AUGUST 30, 2024 at 4:30 p.m.**

PRINT CLEARLY

Return **ORIGINAL** completed form to:  
Stockbridge-Munsee Community  
Enrollment Department  
P.O. Box 70, N8476 MohHeConNuck Rd.  
Bowler, WI 54416

### 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-2024 Per Capita Payment

I choose to **ACCEPT** the FY-2024 Per Capita Payment:

**SEND CHECK BY MAIL** (Payments will be mailed ON OR AFTER October 31<sup>st</sup>, 2024)

**DIRECT DEPOSIT** (Payments will be directly deposited ON October 31<sup>st</sup>, 2024)

**Action Type** (MUST check one):

Use Existing Direct Deposit

New OR Change Direct Deposit (Use box below)

**Account Type** (MUST 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 (Must be notarized unless signed in front of Enrollment Staff)

- I have read and understand the FY-2024 Per Capita Application Instructions accompanying 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 mailed to the address listed on this form.
- I, the undersigned, 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).

(SEAL/STAMP)

**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: \_\_\_\_\_