



Farm/Ranch Assistance Application

Applicant Information

Full Name: Last First M.I. Date:

Mailing Address: Street Address Apartment/Unit #

City State ZIP Code

Farm Address: Street Address (Leave blank if Same as Mailing Address)

City State ZIP Code

Phone: Email

Tribal affiliation: Social Security No.: Birthday:

Describe hardship:

Are you a Sac and Fox Citizen? YES NO If no, did you attach other tribal proof (CDIB card)? YES NO

Do you live in Sac and Fox Jurisdiction? YES NO Which County?

Have you attached proof\* of farm/ranch? YES NO Did you attach a completed W-9 Form? YES NO

\*Recent Schedule F, Form 4835, sale tax exemption documentation or FFA/4H documentation (for students)

If yes, describe document:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I am over the age of 18 or a guardian was present when I filed out the application.

If this application leads to grant assistance, I understand that false or misleading information in my application may result in having to pay back the funds received in full.

Signature: Date:

Guardian Signature (if applicant is under 18): Date:

PLEASE SUBMIT COMPLETED APPLICATION NO LATER THAN NOVEMBER 1, 2020 TO: Sac and Fox Nation Attention: COVID Relief Department 920963 S. Highway 99 Stroud, OK 74079 coviddept@sacandfoxnation-nsn.gov