



COVID-19 Human Services Relief Program Application

TRIBAL MEMBER INFORMATION

Name: _____

Address: _____

Phone Number: _____ Email: _____

Enrollment Number: _____ Date of Birth: _____

HOUSEHOLD MEMBERS. Please list all members of your household (attach a separate sheet if more space is needed):

Name	Relation	Date of Birth

HOUSEHOLD INCOME. Please include all household earned income:

ASSISTANCE BEING REQUESTED. Please provide a brief description of the assistance you are requesting (attach a separate sheet if more space is needed):

AMOUNT BEING REQUESTED: _____

CERTIFICATIONS AND AUTHORIZATIONS

By signing below, you make the following representations, authorizations, and certifications:

- I meet the program income guidelines (earn 400% or less of the National Poverty Guideline standards).
- I certify that the funds will be used for COVID-19 related eligible expenses that have not been reimbursed by another federal, state, or tribal assistance program.
- I certify that I have experienced a reduction in income as a result of change in employment status or work hours due to the COVID-19 public health emergency.

- I certify that I have been negatively impacted by the COVID-19 public health emergency.
- I certify that the expenses I am applying for have not been covered or reimbursed by other assistance programs (state, tribal, or federal assistance programs).
- I understand that I am subject to prosecution to the fullest extent of the laws of the Sac and Fox Nation if I knowingly, willfully and fraudulently provide false information for the purpose of obtaining benefits which I am otherwise ineligible to receive.

Signature of Applicant

Date

YOU MUST ATTACH DOCUMENTATION TO VERIFY THE FOLLOWING:

- **Household income.** Please attach pay stubs for each adult member in the household, or monetary determination for unemployment benefits, or a benefit notice from a federally funded program.
- **Reduction in income due to the COVID-19 public health emergency.** Please attach proof from your employer, a furlough/termination notice, etc.
- **Eligible expense you are requesting assistance for.** Please attach bills or invoices to document the eligible expense you need assistance with.

PLEASE SUBMIT COMPLETED APPLICATION AND ACCOMPANYING DOCUMENTS TO:

Sac and Fox Nation
 Attention: COVID Relief Department
 920963 S. Hwy 99
 Stroud, OK 74079
 coviddept@sacandfoxnation-nsn.gov

FOR OFFICIAL USE ONLY.

Date Received:

Household Income Documentation Received:

Reduction in Income Documentation Received:

Expense Documentation Received:

Approved Amount of Assistance:

Approved by:

Date:

Check Mailed On: