

ELDER APPLICATION



Wyandotte Nation



COVID-19 Public Health Emergency Relief Program
Application for Third Direct Emergency Financial Assistance Disbursement
Elder Application (Age 55 and Older)
Deadline to Submit ~ August 15, 2021

PERSONAL AND CONTACT INFORMATION OF APPLICANT TRIBAL CITIZEN

Name: (Last) (First) (M.I.)

Mailing Address: (City) (State) (Zip)

Have you received a prior disbursement and, if so, has your address remained the same since the prior disbursement? YES NO

Email Address:

Phone Number: (Home) (Cell)

Enrollment Number: Date of Birth: (MM/DD/YYYY)

Age:

PAYMENT INFORMATION

Payment Method: [] Check Mailed to Above Mailing Address [] Deposit into Bank on Credit Authorization Form

Have you received a prior disbursement and, if so, has your bank account information remained the same since the prior disbursement? [] YES [] NO

If no, please complete a new Credit Authorization. This is only necessary if you wish to receive money via a bank deposit. If yes, there is no need to complete a new Credit Authorization.

NEED FOR FINANCIAL ASSISTANCE

We must assess whether you are in need of financial assistance due to negative economic impacts your household has experienced as a result of the COVID-19 public health emergency. In order to help us make this assessment, please check all of the following that apply to you. You must provide information about at least one economic impact in order to be eligible for disbursement.

- o You or a member of your household have become ill with COVID-19
o Your employment or the employment of a member of your household has been terminated as a result of COVID-19
o You or a member of your household have been temporarily furloughed as a result of COVID-19
o Your income or the income of a member of your household has otherwise decreased as a result of COVID-19
o You or a member of your household are currently unemployed
o You or a member of your household experienced unemployment as a result of COVID-19
o Your adjusted gross income is \$75,000 or less for a single person or married person filing separate returns, \$112,500 or less for a head of household, or \$150,000 or less for married couples filing joint returns and surviving spouses
o Lack of or reduced child care as a result of COVID-19 has decreased your ability or the ability of a member of your household to work
o An underlying condition or other vulnerability to COVID-19 has decreased your ability or the ability of a member of your household to work
o Your or a member of your household's medical/health expenses have increased as a result of COVID-19
o Your household utility expenses have increased as a result of COVID-19

- Your household child care expenses have increased as a result of COVID-19
- Your household grocery and/or food delivery expenses have increased as a result of COVID-19
- Your household has had to make purchases or incur expenses related to at-home schooling as a result of COVID-19
- Your household has had to make purchases or incur expenses related to working remotely as a result of COVID-19
- You have additional people living in your household during this period as a result of COVID-19
- You or a member of your household have had to secure alternative lodging during this period as a result of COVID-19
- You or your household have experienced increased food insecurity as a result of COVID-19
- You or your household have experienced increased housing insecurity as a result of COVID-19

If your household has otherwise been economically impacted by the COVID-19 public health emergency or you would like to provide additional information, please use the space provided below.

ATTESTATION AND AUTHORIZATION

By signing my name below, I attest that the information provided herein is true and accurate to the best of my knowledge.

By signing my name below, I attest that I am in need of financial assistance due to negative economic impacts my household has experienced as a result of the COVID-19 public health emergency. I attest that my household has suffered negative economic impacts through increased expenditures and/or decreased income due to the COVID-19 public health emergency, where said negative economic impacts amount to at least \$2,000 and, if I also received the first and/or second direct emergency financial assistance disbursements under the COVID-19 Public Health Emergency Relief Program, said negative economic impacts amount to at least the total amount I will receive. I further attest that I am in need of emergency financial assistance in such amounts and that such economic assistance is necessary due to the COVID-19 public health emergency. I further attest that \$2,000 or the total amount in disbursements I will receive is reasonably proportional to and not grossly in excess of the amount needed to address the negative economic impacts of the COVID-19 public health emergency on my household.

By signing my name below, I attest that any funds I receive from the third direct emergency financial assistance disbursement under the COVID-19 Public Health Emergency Relief Program will be expended only to address needs arising from the negative economic impacts of the COVID-19 public health emergency on my household. Such expenditures include, but are not limited to, those associated with rent or mortgage, utility fees, food and food delivery, employment and training programs, distance learning, teleworking, healthcare, funerals, or other emergency individual needs. I attest that I will use all funds by December 31, 2024, at the latest. I agree to maintain all receipts documenting my expenditures, which I will provide to the Wyandotte Nation upon request. I acknowledge that any funds I use improperly are subject to recoupment.

I authorize the Wyandotte Nation to deposit funds into my account in the financial institution listed above or otherwise provide my disbursement via check to the mailing address listed above.

(Printed Name of Applicant)

(Signature of Applicant)

(Date)

SUBMISSION OPTIONS

Mail application to:

c/o Family Services
Wyandotte Nation
8 Turtle Drive
Wyandotte OK 74370-2098

Email application to:

wnfs@wyandotte-nation.org
SUBJECT: COVID-19 Application #3

FAX application to:

918-676-7028
Attention: Family Services