



## COVID-19 INCOME LOSS SUPPORT - WAITLIST

Formerly the Phase 1 Individual Program

### PROGRAM SUMMARY

This relief will be available to Citizen Potawatomi Nation tribal members who have experienced loss of income or other financial hardship resulting from income loss due to COVID-19. They will be eligible for up to \$1,200.

### QUALIFICATION REQUIREMENT

To qualify, tribal members will be required to attest that they have been negatively impacted by the COVID-19 Public Health Emergency and could be required, upon request, to provide proof that they have been furloughed without pay or unemployed as early as March 1, 2020.

### BENEFIT

Up to \$1,200 per eligible tribal member.

### QUESTIONS

Were you working in 2020?  Yes  No

If yes, indicate your begin and end date: Beginning \_\_\_\_\_ End \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Where were you employed? \_\_\_\_\_

What was your average weekly income? \$ \_\_\_\_\_

Have you experienced any of the following? (Circle one)

Reduced hours      Reduced wages      Unpaid furlough      Layoff      Other

If yes, then how much per week? \$ \_\_\_\_\_

If yes, indicate your begin and end date: Beginning \_\_\_\_\_ End \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Have you received any unemployment in 2020? Please include the total amount of unemployment provided by all sources (for example, please include the amount you received from state and if you received an additional amount from federal).  Yes  No

If yes, please indicate the dates unemployment was received \_\_\_\_\_ - \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Summarize any other details regarding your household income loss due to the pandemic.

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**APPLICATION INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Tribal ID Number \_\_\_\_\_

In submitting this application, I declare and certify that all the information and documentation is true and correct, and I acknowledge that any payments based on inaccurate assertions or submissions or based on material omissions are subject to recoupment from the recipient by Citizen Potawatomi Nation and/or the United States government and may be cause to seek other remedies allowable by law. I further agree to assist the Nation in seeking any further necessary verification of the submitted information upon reasonable request.

**SIGNATURE** \_\_\_\_\_

**PLEASE SUBMIT THIS APPLICATION AND ALL SUPPORTING DOCUMENTS TO**  
**Attention: COVID-19 Relief Team**  
Citizen Potawatomi Nation, 1601 Gordon Cooper Drive, Shawnee, Ok 74801