INDIVIDUAL ASSISTANCE PROGRAM

The Citizen Potawatomi Nation Coronavirus Relief Fund (Relief Fund) may be used to assist individual members of the Nation, strictly for the purpose of assisting with expenses due to a loss of income related to the COVID-19 public health emergency. Expenses must not have already been reimbursed by other Federal, State, or local governmental assistance such as unemployment compensation, a payroll protection program, etc. The covered time period is March 1, 2020 through December 30, 2020. Applicants may request a maximum payment of up to $1,200.

Applicants will be required to provide supporting documentation with their application. Application shall include all documents and supporting materials necessary to substantiate its validity.

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

This assistance is to provide financial relief for loss that has not already been supplemented in some other way. For example, financial support received from the following will be considered when evaluating need:

- Paycheck Protection Program
- Unemployment benefits
- Citizen Potawatomi Nation Workforce and Social Services
- Other income

DOCUMENTS

Individuals will be required to provide supporting documentation with their application. Application shall include all documents and supporting materials necessary to substantiate its validity.

Please provide a copy of all relevant documents necessary for your application.

- Driver’s License
- Tribal ID
- Utility bill (to confirm address)
- Pay stub and/or unemployment claim
- Furlough/unemployment letter
- Other documents necessary to substantiate the details of your responses
- Completed application (Next page)

Applicants must apply for individual assistance. Your application shall include all documents and supporting materials necessary to substantiate the validity of the application.

Mail completed applications to:
COVID-19 Assistance
1601 Gordon Cooper Drive
Shawnee, OK
74801
INDIVIDUAL APPLICATION

Name ________________________________________________ Email ____________________________

Address __________________________________________ Email ____________________________ Zip _____________

City __________________________ State ___________ Zip _____________

Phone number __________________________ Tribal ID Number __________________________

Marital Status  □ Single  □ Married  □ Divorced  Number of people in household ______

Write a short description of the assistance you are needing ______________________________________________________

List all income/financial support
Source ________________________________________________ Start date __________ End date __________ Amount $___________

______________________________________________ __________ __________ $___________

______________________________________________ __________ __________ $___________

______________________________________________ __________ __________ $___________

______________________________________________ __________ __________ $___________

______________________________________________ __________ __________ $___________

______________________________________________ __________ __________ $___________

______________________________________________ __________ __________ $___________

Did you receive a stimulus payment from the United States?  □ Yes  □ No

If yes, provide amount $____________

Have you received assistance from Citizen Potawatomi Nation in 2020?  □ Yes  □ No

If yes, provide details _______________________________________________________________

______________________________________________

______________________________________________

Have you received assistance from any federal, state, or local governmental program related to the COVID-19 public health emergency such as unemployment compensation, payroll protection plan disbursements, etc… □ Yes  □ No

If yes, provide details _______________________________________________________________

______________________________________________

Amount requested $____________

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 __________________________________________ Date ____________________________