

**FORT PECK TRIBES CARES ACT/COVID 19
EMERGENCY RELIEF ASSISTANCE**

DOCUMENTS NEEDED

-Tax Return, Paystub, W2, Public Assistance Documentation, or No Income Statement

IMPORTANT DATES

-Program open and application available on June 4, 2020

-Program ends and last day for applications is June 30, 2020

APPLICATION INFORMATION

-Pickup application at front door of Tribal Building

-Online on Tribal website—www.fortpecktribes.org

-Call Tribal Building for application to be mailed to you 406-768-2300

-Completed applications can be left in the drop box that will be located in the front entrance doors of the
Tribal Building

Applications can also be picked up at the following locations:

Frazer - Outside the Community Hall

Wolf Point - 477 Office @ New Community Hall

Poplar - Tribal Building

Brockton/Fort Kipp -- B&S Quick Stop

CONTACT INFORMATION

Phase III Tribal Building, 501 Medicine Bear Road, Poplar MT 59255

Office Hours: Monday - Friday 10:00-2:00

Contact Phone Number—406-786-2300

Applications and Documents can be mailed to:

Fort Peck Tribes

ATTN: Judy Johnson/CARES Act

PO Box 1027

Poplar, MT 59255

Faxed to: 406-768-5130

FORT PECK TRIBES CARES ACT/COVID 19 EMERGENCY RELIEF ASSISTANCE

Applicants Name (please print): _____

Enrollment #: _____ Social Security Number: _____

Mailing Address: _____

Physical Address: _____

Town/City: _____ State _____ Zip Code: _____

Please give a brief explanation on how this one-time assistance will help you get through the pandemic:

Did you lose income from the Covid-19? Yes _____ No _____

Did you have any additional expenses for necessities due to Covid-19? Yes _____ No _____

Did you have hardship with obtaining essential food items due to shipping cost and/or travel restrictions?

Yes _____ No _____

Did you suffer from a lack of generally available health care due to Covid-19 that caused additional expenses?

Yes _____ No _____

<p>Do you get any public assistance?</p> <p>Yes _____ No _____</p> <p>TANF _____ GA _____ SSI _____</p> <p>Food Stamps _____ VA _____</p> <p>Social Security _____ Commodities _____</p>	<p>What is you education status?</p> <p>Dropout/GED/HiSet _____</p> <p>Student _____</p> <p>High School Graduate _____</p> <p>Post HS Attendee _____</p>
<p>Are you employed?</p> <p>Yes _____ No _____</p> <p>Please provide a copy of 2019 tax return and/or paystub</p>	<p>Are you a Veteran of the U.S. Armed Forces?</p> <p>Yes _____ No _____</p> <p>Branch: _____</p>

STATEMENT OF NO INCOME

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I _____

SIGNATURE

DATE

FAMILY COMPOSITION AND MEMBERS:

Please list the name(s) of the Applicant's family members who are presently residing with the Applicant, including their relationship to the Applicant (ie... "Joe Doe - Brother") and their income for the last 6 months.

Name of Family Members	Relationship to the Applicant	Age	Last 4 of SSN	Birthdate	Family Size	Enrollment #
APPLICANT	SELF				1	
					2	
					3	
					4	
					5	
					6	
					7	
					8	
Family Size Last 6 Months:		Total Annualized Family Income				
		\$				

APPLICANT CERTIFICATION:

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that may have to provide documents to support this intake.

It has been explained to me, and I understood that: (1) Misstatements or Misrepresentations on my part in these or other related forms may be cause for dismissal and possible actions for the collection of any pay received by me; (2) Anyone who makes a false statement or representation or facts in an application for determination of CARES/COVID 19 eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury; (3) Should I be deemed ineligible for CARES/COVID 19 funding by the official verification process, I agree to immediately relinquish CARES/COVID 19 funding and I may be liable for all payments made to me and on my behalf while enrolled in the CARES/COVID 19 funding.

I hereby authorize release of this information for verification purposes, knowledge of the questions on this Eligibility Record have been answered in a true and correct manner and further understood that CARES/COVID 19 Program eligibility is not a guarantee.

My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any items is grounds for termination from CARES/COVID 19 funding and may result in action to recover any monies paid to me.

SIGNATURE OF APPLICANT	Date	SIGNATURE OF Co-applicant/Spouse	Date
CERTIFIED FOR: <input type="radio"/> Eligible <input type="radio"/> INELIGIBLE		Signature and Title of Verifier	Date
Signature of Certifier	Date		