



Shawnee Tribe COVID-19 Emergency Relief Aid Application

Application Deadline: September 30, 2021

July 9, 2021

Dear Tribal Citizens:

The Shawnee Tribe is pleased to announce that financial relief aid has been made available to the enrolled citizens of the Shawnee Tribe under the United States Department of Treasury's CARES Act Funding. Adult Tribal Citizens will be able to apply for assistance to help alleviate the financial burden caused by the COVID-19 pandemic. The financial assistance will be given based on the following age groups:

Adult Citizens 18+ = \$1,500

The application period will end on September 30, 2021. Applications postmarked or submitted online after this date will not be processed. Below you will find the application checklist and list of required verifications. The application form to complete and submit is on pages 2-4 of this packet. **In lieu of a paper application, citizens may submit an [online application here](#).**

Eligibility:

- Citizen of the Shawnee Tribe and eighteen (18) years or older as of 9/30/2021
- Has experienced a financial hardship or an increase in living expenses due the COVID-19 Pandemic

Application Checklist:

- Completed Application Form
- Shawnee Citizen Verification (i.e., scanned copy of enrollment card, resolution)

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Fields marked with an asterisk * are required.

*Full Legal Name: _____

*DOB (MM/DD/YYYY): _____

*Physical Address: _____

*City: _____ *State: _____

Is this a new physical address? If yes, please check this box.

*Mailing Address (if different from above): _____

*City: _____ *State: _____

Is this a new mailing address? If yes, please check this box.

*Primary Phone Number and/or Email Address (submit at least one of the following):

Home Phone: _____ Cell Phone: _____

Email: _____

COVID-19 FINANCIAL IMPACT CERTIFICATION

As a condition of receiving emergency financial assistance under the program, an eligible recipient must certify that since March 21, 2020, when the Shawnee Tribe declared a state of emergency, that they, due to the COVID-19 public health emergency, suffered financial hardships based on the following **(check all that apply)**:

- Loss of income due to layoffs, furloughs, reduced hours, salary reductions, the need to care for dependents as a result of school closures, or the need to quarantine/isolate or take other measures in compliance with COVID-19 related public health measures.

- Increased or unforeseen emergency costs, including rent, mortgage obligations, utilities, medical costs, prescription drug costs, additional food costs, child care costs, adult or elder care costs, costs to facilitate remote work or distanced learning, costs of personal protective equipment, funeral or burial costs, costs of cleaning/disinfecting products or equipment, costs associated with social distancing and complying with federal, state, and tribal guidelines for mitigating the spread of COVID-19.

CONFIRMATION OF FINANCIAL NEED & TERMS OF APPLICATION

By submitting this application, I hereby certify that I have suffered from a financial hardship due to the COVID-19 public emergency. I certify that all information provided in this application is accurate. I further agree that the funds distributed by the Tribe shall be used to purchase only essential allowable goods and necessary services to relieve the negative financial impacts of COVID-19; alcohol, tobacco, or luxurious and extravagant items are unallowable use of these funds.

In addition, I acknowledge that although the Tribe intends the most favorable tax treatment available under the General Welfare Exclusion Act established under the Internal Revenue Code Section 139E, the Tribe will not be responsible for payment of any tax penalties, interest, or other

costs incurred by recipients in connection with their receipt of emergency financial assistance under the program. I acknowledge that the Tribe does not provide tax, legal, or accounting advice, and that I am solely responsible for obtaining advice regarding my personal tax obligations with respect to any emergency financial assistance that I receive.

Applicant Name (print)

Applicant Signature

Date

Submit your completed application and proof of Shawnee Tribe Citizenship by mail to:

Shawnee Tribe
attn: COVID-19 Emergency Relief
29 S Hwy 69A
Miami, OK 74354

Please note: Submitting an incomplete application or failing to include proof of enrollment will delay the application process and could preclude you from receiving COVID-19 impact assistance through this program.