



**Burns Paiute Tribe
Application for Covid 19 Assistance**

Only one (1) application per household.

Must reside in Harney County

Must be an enrolled member of Burns Paiute Tribe

Must demonstrate need for assistance as it related to the COVID 19 Pandemic

Please note that assistance will be processed within 1 – 2 weeks after application is approved.

Your application will not be processed if not complete.

Name _____ Tribe/Enrollment # _____

Mailing Address _____

Physical Address _____

Phone _____ Message phone _____

Date you were laid off due to Covid 19? _____

Or, date your work hours were affected _____

What type of income have you been living on for the last three (3) months? _____

Members of Household	DOB	M/F	Relationship to HOH	Where Enrolled

Type of Financial Assistance Requesting (please choose one)

1) Rent – What is your monthly rent? _____

***Please note - Rent would be divided up (by weeks) depending on the day you were laid off.**

Landlord phone number (for verification) _____

Payment of rent can be made to: _____

2) Electric Bill – one time payment of \$150.00 (Will be paid directly to OTECC) Acct # _____

3) Food voucher _____

4) Basic needs (hygiene products, cleaning products, etc) _____

Earned Income & Unearned Income

Is anyone in the household currently working or have they worked in the past 30 days? Yes No

If yes, please identify household members and their earnings

Member #1 _____ Earnings _____

Member #2 _____ Earnings _____

Member #3 _____ Earnings _____

Do you expect to receive or are receiving any of the following listed below.

Earned Income

Wages/Salary Y N Alimony/Child Support Y N Gifts/Contributions Y N

Unemployment Y N Retirement/Pension Y N Social Security Y N

Income Tax Y N Insurance Settlement Y N Lease Income Y N

IF YOU SAID YES TO ANY OF THE FOLLOWING, EXPLAIN: _____

Unearned Income

TANF Y N Food Stamps Y N Commodities Y N

Foster Care Payments Y N Supplemental Security Income (SSI) Y N Other: _____

IF YOU SAID YES TO ANY OF THE FOLLOWING, EXPLAIN: _____

Have you applied for TANF? Y N

Have you applied for other Resources/Programs? Y N

IF YES, EXPLAIN: _____

Statement of Cooperation – Please read in its entirety.

I/We apply for financial assistance/services for the listed members of my (our) household who are in need.

Under 18.U.S.C SS1001, the Federal law concerning fraud states "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devise a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I/We have read and understand the provision of Federal Law governing fraud.

I/We agree to supply information regarding resources and income and to notify the agency of any changes in my/our situation.

I hereby authorize the Burns Paiute Tribe staff access to any records to verify information given. I consent to any legally authorized investigation for confirmation of information from any State, Federal, or Tribal Offices or other agents so that I am eligible for assistance available through the COVID-19 Emergency Assistance.

Applicant Signature

Date

PLEASE MAIL APPLICATION TO:

ATTN: Joellen Billington

100 PASIGO STREET

BURNS, OR 97720

FAX TO:

ATTN: Joellen Billington, ER COVID ASSISTANCE

541-573-5566

EMAIL TO

joellen.billington@burnspaiute-nsn.gov

Any question please call 541-573-8003 or 541-589-2380

Official Use:

Amount approved for: _____

Payment made to: _____

Signature of approving staff

Date