BURNS PAIUTE TRIBE CARES Emergency Assistance
Application for Covid-19 Assistance
OCTOBER 20, 2020

- Only one (1) application per household.
- Applicant 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.)

REQUIRED DOCUMENTATION

_____ Complete Application
_____ Proof of Enrollment in the Burns Paiute Tribe
_____ Income for all adults for last 30 days.

MONTHLY GROSS INCOME LIMIT BY HOUSEHOLD SIZE (60% of Oregon State Medium Income, before taxes)

<table>
<thead>
<tr>
<th>HH Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Income</td>
<td>$2,165</td>
<td>$2,832</td>
<td>$3,498</td>
<td>$4,164</td>
<td>$4,830</td>
<td>$5,496</td>
<td>$5,496</td>
<td>$5,746</td>
<td>$5,871</td>
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</tbody>
</table>

*Each additional person, add $125.00/person

HOUSEHOLD INFORMATION (Include EVERYONE living in the household)

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

1

2

3

4

5

6

7

8

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APPLICANT RESIDENCE INFORMATION

Name ___________________________________________ Tribe/Enrollment # _______________________

Mailing Address ________________________________________________________________

Physical Address ________________________________________________________________

Phone ___________________________ Message phone _________________________________

Have you received similar assistance through other Tribal or State Programs    Yes     No
If yes, amount of assistance: ____________________________________________________

Have you applied for assistance through other programs?  Yes     No

Are you aware of available community resources?       Yes     No

Do you receive Food Stamps, Commodities or TANF?      Yes      No      If yes, amount: ___________/month

ASSISTANCE SELECTION
What kind of assistance are you seeking?  *Where appropriate, check will be made payable and mailed directly to the vendor.
Selection:  

_____ Food   _____ Personal Hygiene Products   _____ Cleaning Products/Supplies

_____ Medication

_____ Remote Learning Capabilities for school aged children

_____ *Utility/Heat   Vendor: ___________________________________ Acct # ______________________

   Mailing Address: ________________________________________________________________

_____ * Rent/House Payment. Payable to: ____________________________________________

Mailing Address: ________________________________________________________________

City ______________________________ State _________ Zip ______________

Acct # or Identifying Information ________________________________

*Check will be made out and mailed to vendor only. DO NOT put your name in areas.

How has the Covid 19 (Coronavirus) affected your household’s ability to provide food, housing, or other needs identified above.
________________________________________________________
________________________________________________________
________________________________________________________


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**HOUSEHOLD INCOME**

Proof of Gross Monthly Income (before taxes, within last 30 days) is required for all adults. (18 years of age or older, not enrolled in High School or GED)

Proof of income includes: Check stub, award or benefit letters.

<table>
<thead>
<tr>
<th>List adult name with Income:</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Source #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td></td>
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<td></td>
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<tr>
<td>Frequency</td>
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<tr>
<td>Income Source #2</td>
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<td></td>
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<tr>
<td>Amount</td>
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<tr>
<td>Frequency</td>
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</tbody>
</table>

**TOTAL MONTHLY INCOME:**

What is considered income?

- Adoption Assistance
- Alimony
- Annuities
- Cash gifts
- Child support
- Contract for Deed
- Disability Insurance
- Dividends
- Earned income (wages, salaries, bonuses)
- Foster Care Payments
- Informal income
- Inheritance
- Interest
- Lump Sum – non recurring
- Lump Sum – recurring
- Military Pay
- Pensions
- Rental Income
- Retirement
- Royalties

- Self-Employment Income
- Social Security Benefits – SS, SSD
- Supplemental Social Security Benefits - SSI
- Stimulus Check
- Strike Benefits
- TANF
- General Assistance
- Tribal Per Capita
- Trust Fund
- Unemployment Insurance
- Veterans Benefits
- Workers Comp
RELEASE OF INFORMATION/DISCLAIMER

I hereby authorize the staff of the Burns Paiute Tribe exchange information with the following agencies/programs for the purpose of this application.

- Burns Paiute Tribe Departments and Programs
- Oregon Employment Department
- Oregon Department of Health and Human Services
- Social Security Administration
- Other State & other Federal Offices not listed herein

I hereby authorize the Burns Paiute Tribe Administration/Social Service staff or its agents, access to any records in order to verify information given. I also 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 CARES Act. I understand I am not entitled to benefit from the program.

If I receive assistance as a result of withholding information or by knowingly providing false or fraudulent information, I must repay the assistance and may be found guilty of fraud and fined up to $10,000 or put in prison or both under 18.U.S.C SS1001 Federal Law.

By signing this application, I understand that if I am approved, my application may not be processed for up to 2 weeks.

Applicant Signature     Date

PLEASE MAIL APPLICATION TO:    FAX TO
BPT Social Services Department     ATTN: Jody Richards
100 PASIGO STREET      541-573-4217
BURNS, OR 97720

EMAIL TO: jody.richards@burnspaiute-nsn.gov

Any question please call 541-573-8005, or 541-589-4595

Official Use

Amount approved for: _____________________________________________

Payment(s) made to: _____________________________________________

Signature of approving staff     Date