



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)

HH Size	1	2	3	4	5	6	7	8	9
Monthly Income	\$2,165	\$2,832	\$3,498	\$4,164	\$4,830	\$5,496	\$5,496	\$5,746	\$5,871

*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	_____	_____	_____	_____

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.

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.

List adult name with Income:	#1	#2	#3
Income Source #1			
Amount			
Frequency			
Income Source #2			
Amount			
Frequency			
TOTAL MONTHLY INCOME:			

What is considered income?

Adoption Assistance	Self-Employment Income
Alimony	Social Security Benefits – SS, SSD
Annuities	Supplemental Social Security Benefits - SSI
Cash gifts	Stimulus Check
Child support	Strike Benefits
Contract for Deed	TANF
Disability Insurance	General Assistance
Dividends	Tribal Per Capita
Earned income (wages, salaries, bonuses)	Trust Fund
Foster Care Payments	Unemployment Insurance
Informal income	Veterans Benefits
Inheritance	Workers Comp
Interest	
Lump Sum – non recurring	
Lump Sum – recurring	
Military Pay	
Pensions	
Rental Income	
Retirement	
Royalties	

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:
BPT Social Services Department
100 PASIGO STREET
BURNS, OR 97720**

**FAX TO
ATTN: Jody Richards
541-573-4217**

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 _____