COVID-19 Pandemic Relief Assistance Program Application

ONEIDA

Applicant Name:		Date of Birth:
Address: New Address? ☐ *Check will be mailed to this address*	City:	State: Zip:
Phone Number:	Social Security #:	Enrollment #:
Email:		

<mark>****Please attach Proof of Address****</mark>

Qualifying Criteria:

- Must be an enrolled Oneida Tribal Member (provide a valid Tribal ID).
- Must be 18 years and older.
- Proof of guardianship for an adult member must be provided.
- Submit a completed application.
- Provide a short statement on the impact of the COVID-19 pandemic (i.e. job loss, income loss, access to food, need for technology access, etc).
- Proof of address for seamless check delivery.
- Please check one of the boxes below to identify how the relief funds will be used.
- If you are requesting the funds to be direct deposited, complete ACH Direct Deposit information below. If your information is already up-to-date with enrollments, skip to attestation. If information is not provided and is not updated at enrollments, a check will be mailed to the address listed on this application.

Direct Deposit Information: New Bank Account? ☐

Bank Name:	Account Type: Checking Savings
Routing Number:	Account Number:

Important Information

- ➢ **You may be subjected to being audited by the Oneida Nation and/or the Internal Revenue Service. It is advised to keep a copy of your application and any receipts of your purchases/payments.**
- ➢ Please be aware that checks not cashed by November 15, 2020, will be considered null and void and will not be reissued after this date.
- ➢ This payment may be subject to taxation and should be reported when filing tax returns.

➢ This payment may also impact need based benefit programs and unemployment benefits. Please consult with your case worker or the appropriate agency if you have questions or concerns. For unemployment related questions, please contact the WI Unemployment Office or Oneida Human Resources at (920) 490-3680.

➢ **Any applications post marked or received after September 30, 2020 will be denied for processing.**

➢ **Please be advised that a *"test" application was being circulated via Facebook and handed out by individuals. Applications received by Economic Support prior to August 1, 2020 will not be accepted and are void, as the application was not complete. You will be required to resubmit the correct application that is available on August 1, 2020.***

I attest/swear that I /my household have been affected by COVID-19 in the following way(s). **Please write a short answer about how you have been impacted by the COVID-19 pandemic.**

_____

_____

_____

_____

I further attest/swear to the fact that I am accepting Oneida Nation
COVID-19 Relief Funding to assist with my needs.

[Please check all that apply]

☐ Mortgage or Rent	☐ Job Seeking/Training Assistance
☐ Utility Assistance	☐ Childcare
☐ Telecommunication Costs	☐ Transportation
☐ Medical Care	☐ Homeless
☐ Food Security/ Supplementation	

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By signing this form either manually or electronically I agree that all of the above statements and attestations are true and accurate.

Print Name: _____

Applicant Signature:_____ Date:_____

Mail to:
Economic Support
PO Box 365,
Oneida, WI 54155

Drop Off:
Economic Support
2640 West Point Rd, Green Bay, WI 54304

SEOTS
5233 W. Morgan Ave, Milwaukee, WI 53220

Fax to:
(920) 490-6803

Email to:
Economic_support@oneidanation.org