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Oneida Nation-2021 General Welfare Assistance Application

***** If you completed an online application please DO NOT complete this paper application *****

Applicant Name:		Suffix:	
Social Security Number:		Enrollment #:	
Address:			
City:		State:	Zip Code:
Phone Number:		Email address:	

Banking Information: Checking Account Savings Account

Bank Name	Routing Number	Account Number

If no banking information is provided a check will be mailed to the address on this application. Oneida is not responsible for lost or incorrect deposited funds.

Please check the following as it applies to you:

<input type="checkbox"/>	I accept the \$500 GWA payment and attest that I am/will be 18 by 12/31/2021;
<input type="checkbox"/>	I accept the \$2000 GWA and attest that I am/will be 62 by 12/31/ 2021;
<input type="checkbox"/>	I accept the \$3000 GWA from ARPA-FRF funds and I am/will be 18 by 12/31/2021;

Payments will be made in three (3) batches. Applications are to be submitted no later than 4:30 pm:

1. 7/30/21 for a payment on 8/27/21
2. 9/1/21 for a payment on 9/24/21
3. LATE PAYMENT: 10/29/21 for a payment on 11/19/21

By signing this document,

I attest and swear I have sustained and am suffering a negative financial impact, as of March 3, 2021, from the COVID-19 Public Health Emergency. I further attest and swear:

1. I need financial assistance as identified in the Oneida Nation General Welfare Law;
2. I am accepting the payment(s) to assist with my need; and
3. I understand that by completing a paper application, I am allowing Economic Support staff to enter this information into the Administrative Members Assistance and Verification Application on my behalf.

Print Name: _____

Applicant Signature

Parent/Guardian Signature
(if applicant is 17 at date of signing)

Date: