



# COVID-19 Fixed Income (Social Security and/or Disability) Relief Program Application

## TRIBAL MEMBER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**HOUSEHOLD MEMBERS.** Please list all members of your household (attach a separate sheet if more space is needed):

Name	Relation	Date of Birth

**Monthly total of social security and/or disability payments for all household members:**

\_\_\_\_\_

**Monthly total of other household income:**

\_\_\_\_\_

**ASSISTANCE BEING REQUESTED.** Please provide a brief description of the assistance you are requesting (attach a separate sheet if more space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMOUNT BEING REQUESTED:** \_\_\_\_\_

## CERTIFICATIONS AND AUTHORIZATIONS

By signing below, you make the following representations, authorizations, and certifications:

- I certify that the funds will be used for COVID-19 related eligible expenses that have not been reimbursed by another federal, state, or tribal assistance program.
- I certify that my household income is supported **entirely** by “**fixed income**”, defined as Social Security and/or Disability monthly payments.
- I certify that I have been negatively impacted by the COVID-19 public health emergency.
- I certify that the expenses I am applying for have not been covered or reimbursed by other assistance programs (state, tribal, or federal assistance programs).
- I understand that I am subject to prosecution to the fullest extent of the laws of the Sac and Fox Nation if I knowingly, willfully and fraudulently provide false information for the purpose of obtaining benefits which I am otherwise ineligible to receive.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

### YOU MUST ATTACH DOCUMENTATION TO VERIFY THE FOLLOWING:

- **Household income.** Please attach pay stubs for each adult member in the household, or monetary determination for unemployment benefits, or a benefit notice from a federally funded program, such as Social Security/Disability.
- **Eligible expense you are requesting assistance for.** Please attach bills or invoices to document the eligible expense you need assistance with.

### PLEASE SUBMIT COMPLETED APPLICATION AND ACCOMPANYING DOCUMENTS TO:

Sac and Fox Nation  
Attention: COVID Relief Department  
920963 S. Hwy 99  
Stroud, OK 74079  
coviddept@sacandfoxnation-nsn.gov

*FOR OFFICAL USE ONLY.*