

**\*\*\*NEW\*\*\***



## **SMC COVID-19 Emergency Assistance**

### **PROGRAM DESCRIPTION**

Administered by the SMC, the program will provide financial assistance for rent, security deposits, and wrap around services including career services, and various utilities for SMC tribal member 18 years and over who have been affected by the COVID-19 pandemic. The Assistance Program can award up to \$1000 per individual in a combination of rental payments, utilities, repairs, career services and/or security deposits. This program is made possible through funding from the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act. The Assistance Program will be available until December 1, 2020 and the program will expire once CARES funding is exhausted.

### **ELIGIBILITY GUIDELINES**

Applicant must meet the eligibility criteria. Be an adult Stockbridge-Munsee tribal member 18 years of age or older at time of application for assistance Eligible costs include direct financial assistance for owed rent and security deposits, rental payments, furnace repairs, utilities, internet/cell phone and childcare. and you can't be in another government support housing (i.e. public housing or Section 8 Housing Choice Voucher recipient) or currently utilizing WHEAP. Must have a hardship due to COVID-19 and provide evidence of qualifying expenses (receipts/invoices/vendor information). In response to the COVID-19 crisis, the SMC has adjusted the eligibility requirements for SMC enrolled member who are seeking heating and electric assistance and does not require member to meet income eligibility requirements.

### **APPLICABLE LEGAL STANDARDS:**

- It is the Applicant's responsibility to determine any impact the emergency assistance funds they receive may have on public assistance they currently receive or may receive in the future.
- This program is for the promotion of the general welfare of tribal members and therefore is not lavish or extravagant or compensation for services. It is intended to fall under the IRS income exclusions for tribal general welfare programs and for disaster relief (26 U.S.C. 139E and 139).
- This program is intended to fall within the authorized purposes for use of funding provided under the Coronavirus Aid, Relief, and Economic Security (CARES) Act because it is determined by the SMC to be a necessary expenditure in response to the public health emergency. Furthermore, this program was not accounted for in the SMC budget as of March 15<sup>th</sup>, 2020 and all expenditures will be incurred by December 1<sup>st</sup>, 2020.



## SMC COVID-19 Emergency Assistance Application

**\*\*THIS IS NOT A PER CAPITA PAYMENT \*\***

Program Eligibility Criteria (Members must meet all of the following criteria):

1. The applicant must be an enrolled Tribal Member age 18 and over at the time of application.
2. The applicant must demonstrate a need for assistance directly related to the COVID-19 pandemic.
3. Eligible Tribal members 18 and over, may receive a one-time payment up to \$1000 due to financial hardship endured from loss of income and increased costs due to COVID-19.
4. Funds may be used for the following for economic loss related to COVID-19: shelter, subsistence, housing, elder and disabled care, childcare, various utilities, water, sewer, electricity, propane/gas, wood, emergencies and disaster relief related to COVID-19.
5. Expenses must be incurred between March 15<sup>h</sup>, and December 1<sup>st</sup>, 2020

### **SUBMIT COMPLETED APPLICATIONS:**

By mail: Stockbridge-Munsee Community

C/O Lori Robinson

P.O. Box 70

Bowler, WI 54416

Email: [lori.robinson@mohican-nsn.gov](mailto:lori.robinson@mohican-nsn.gov)

In-person (by drop box): Stockbridge- Munsee Housing

C/O Lori Robinson

N8618 Oak St

Bowler, WI 54416

**APPLICATION DEADLINE:** Tuesday, December 1, 2020 by 4:00 pm. No exceptions.

**CERTIFICATION:** All applicants must certify that they have an economic hardship due to COVID-19 and/or that they have qualifying expenses due to that economic hardship.

### **DOCUMENTATION:**

**Reimbursement:** Applicant must provide qualifying receipts for: shelter, subsistence, housing, elder and disabled care, childcare, various utilities, water, sewer, electricity, propane/gas, wood, emergencies and disaster relief related to COVID-19 not to exceed \$1,000 in total.

**PAYMENT:** Applicant may be reimbursed for expenses or have payment directed to a Vendor. For Vendor payment, the Applicant must provide vendor's invoice, with name and address and payment information for each vendor, and a W-9 if applicable\* not to exceed \$1,000 in total.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

\*a W-9 will be needed for vendors that are individuals (ex. if you rent from a family member and want your Emergency Assistance to go directly to your landlord or you buy wood from and individual and want a direct payment made to them)



## SMC COVID-19 Emergency Assistance Application

**\*\*THIS IS NOT A PER CAPITA PAYMENT \*\***

Stockbridge-Munsee Community (SMC) Tribal Member requesting funds from the SMC COVID-19 Emergency Assistance Program will need to complete this application to verify eligibility. A separate form must be filled out by each individual.

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Stockbridge-Munsee Tribal ID#: \_\_\_\_\_ SSN# Last 4 digits: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Section 1: Household Impact Directly Related to COVID-19 Pandemic (Required for all applicants). Check all that apply and provide documentation:

- Expenses for Children home from school. i.e. Daycare expenses, increased food costs
- COVID-related quarantine or isolation cost
- Difficulty making rent/housing payment(s)
- Difficulty making utility payments(s)
- Other financial hardship related to COVID-19 and housing and/or various utility expenses (please explain) \_\_\_\_\_

### Section 2: Select a Payment Type **not to exceed \$1,000.**

- I choose reimbursement of expenses (provide receipts)

Send check by mail in the amount of \$ \_\_\_\_\_

Direct deposit in the amount of \$ \_\_\_\_\_

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

Account Type (check one):      Checking      Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

- I choose payment be made directly to vendor(s) (provide invoices):

Vendor and Address: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Vendor and Address: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Vendor and Address: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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### Section 3: Certification/Release of Information/Disclaimer

As part of the SMC COVID-19 Assistance Program, I hereby certify that all of the following statements are accurate.

- I have suffered an economic hardship from the COVID-19 pandemic and require assistance with my expenses.
- I have been negatively impacted financially by either (a) a loss of employment or (b) a reduction in employment income because of COVID-19 impacts or (c) emergency expenses because of COVID-19 impacts.
- All information submitted in this Application, including any supporting documentation that I have provided as evidence of my expenses, is accurate.
- I understand the SMC and its staff, and agent(s) may access records to verify enrollment information in my verification form.
- I understand that assistance under this program is intended to be exempt from taxation as a general welfare and/or disaster relief assistance program under federal law (26 U.S.C. 139E and 139).
- I understand it is my responsibility to determine any impact the emergency relief funds I receive may have on other public assistance I currently receive or may receive in the future.
- I certify that the expenditures for which I am seeking reimbursement have not been reimbursed by another government or organization.
- I understand that information in this Application is protected and confidential, except to the extent that it may be audited under tribal and/or federal law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please return this application form, in person at the Stockbridge-Munsee Housing Office, US Certified Mail or online by **4:00 pm, Tuesday, December 1st, 2020**, any applications received after this date will not be considered for funding. It is the responsibility of the applicant to make sure the application is received. Any questions, please call 1-715-793-4111.