

## **Stockbridge-Munsee Community**

## **COVID-19 Assistance Programs Self-Certification**

Stockbridge-Munsee Community (SMC) Tribal Member requesting funds from the SMC COVID-19 Assistance Program that doesn't have other proof of homelessness or lack of employment will need to complete this self-certification form to verify eligibility. A separate form must be filled out by each individual.

Enrollment No.:	DOB (MM/DD/YYYY):
SSN# Last 4 digits:	
Full Legal Name:	
Mailing Address:	
Email Address:	Phone Number:
As part of the SMC of are accurate (check a	OVID-19 Assistance Programs, I hereby certify that the following statements I that apply).
Homelessness	

- An individual or family who lacks a fixed, regular, and adequate nighttime residence.
- An individual or family with a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a car, park, abandoned buildings, bus, or train station, airport, or camping ground.
- An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing).
- An individual or family who resided in a shelter or place not meant for human habitation and who is exiting an institution where the individual or family temporarily resided.
- O An individual or family who will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by:
  - A court order resulting from an eviction action that notifies the individual or family that they must leave in 14 days;

- The individual or family having a primary residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
- Credible evidence indicating that the owner or renter of the housing will
  not allow the individual or family to stay for more than 14 days, and any
  oral statement from an individual or family seeking homeless assistance
  that is found credible shall be considered credible evidence for purposes
  of this clause
- o Has no subsequent residence identified; and
  - Lacks the resources or support networks needed to obtain other permanent housing; and
  - Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who experienced a long-term period without living independently in permanent housing;
  - Have experienced persistent instability as measured by frequent moves over such period, and
  - Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

## Lack of Employment

- Currently unemployed but not seeking unemployment
- o Currently unemployed but not eligible for unemployment
- o Unemployed and currently not seeking employment due to COVID reasons
- Underemployed due to COVID reasons
- Unemployed due to caring for someone with COVID
- o Currently not receiving any compensation from a current or former employer.
- No future expectations of receiving compensation from a current or former employer.

Signature of Applicant:		 
Date:		
Printed Name:		

Please return this application form, in person at the Tribal Office Building, 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.