



Stockbridge-Munsee Community

Economic Support
N8705 Moh He Con Nuck Road
PO Box 70
Bowler, WI 54416

Telephone: (715)793-4032 Fax: (715)793-4865

CARES ACT Rent and Utilities Assistance Program

Name – Applicant (last, first, MI):	SSN:
Street Address:	Mailing address, if different:
Home Phone:	Alternate Phone:
Date of Birth:	Gender: ___ Male ___ Female
Race:	Ethnicity:

1. Do you or a member of your household qualify for unemployment? ___ No ___ Yes – If yes, please attach proof.

2. Have you or a member of your household experienced a reduction in household income, incurred significant costs? ___ No ___ Yes – If yes, please describe.

3. Have you or a member of your household experienced a financial hardship due to COVID-19? ___ No ___ Yes – If yes, please describe.

7. Have you received other rent/utility assistance?

No; Yes – If yes, please attach proof.

Make sure to provide supporting documentation which may include:

- Unemployment letter
- Check stubs noting decrease of hours or wages
- Furlough letter
- Letter from employer showing reduction in hours/wages due to COVID-19
- Proof of Identity
- Proof of Residency
- Current utility balance
- Proof of S/M Enrollment
- Current rental balance
- Current lease or agreement
- Other documentation showing a reduction in income due to COVID-19

APPLICANT STATEMENT

My signature below indicates that:

- I hereby certify that the information on this form is complete and accurate.
- I understand that the information provided may be subject to further verification by the Stockbridge-Munsee Economic Support Department.
- If necessary, I will provide the information required to verify this data.
- If any other the information is later found be incomplete or inaccurate, I understand that I may be liable to repay any funding paid to landlord or utility provider on my behalf.

Signature:	Date signed:
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Signature:	Date signed:
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Purpose: The Stockbridge-Munsee Economic Support Department may use this authorization and the information obtained to administer and enforce various program rules and policies.

Authorization: I authorize the release of any information including documentation and other material pertinent to eligibility and to disclose and discuss with each other information from the records or case records relating to **CARES ACT Rent and Utilities Assistance Application**. I authorize the Stockbridge-Munsee Economic Support Department to obtain information on the following:

Employment	Income Received	Assets	Per Capita Payments
Federal Benefits /State Benefits		Tribal/Local Benefits	S/M Enrollment
Social Security Number	Rental/Utility	Tribal TANF/W-2	

Information can be released from the following individuals or organization:

Banks and other financial Institutions	Social Security Agencies
Tribal and County Courts	Providers of Alimony/Child Support
Law Enforcement Agencies	Utility Companies
Hospitals and Clinics	Housing Authorities/Landlords
Pension and Annuities Companies	US Veteran Affairs
Social Security Administration	Employers
Tribal Agencies	

Conditions: I authorize that there can be photocopies of this authorization for the purpose stated above. If I fail to cooperate with the release of information, I understand that any assistance may be denied or terminated.

Applicant Signature	ss#	Date
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Spouse or other adult Signature	ss#	Date
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For Office Use Only

Determination of Approval - COVID Eligibility: ___ Yes ___ No	Signature of Eligibility Determiner:	Date:
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Item/Service Approved	Approval Date	Amount Approved	Payee institution
		\$	
		\$	
		\$	
		\$	

Denial of CARES Act funding for tuition and tuition supplies and materials Reason for Denial:
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Signature of Eligibility Determiner:	Date:
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VENDOR REGISTRATION FORM

VENDOR INFORMATION – PLEASE PRINT

Organization/Business	SSN, Tax ID, or DUNS
Address	Mailing address, if different
Phone Number	Alternate Phone
Contact Name	E-mail
Rental Unit Address	

Attached is a copy of a W-9 that will also need to be filled out and turned in with the vendor registration form.

I hereby certify that the information supplied herein is true and correct.

Signature of person filing out this form

Date