

APPLICATION INSTRUCTIONS

Please complete all sections of the application. Incomplete applications will **not** be processed until all sections are complete, a notice will be sent to the applicant indicating application deficiencies or requesting additional information.

Application Page 1:

- Please review eligibility criteria #1 through #5
 - Demonstrate need for assistance directly related to COVID-19 Pandemic
 - Eligible assistance expenses must be incurred March 16, 2020 - December 30, 2020
 - The following is the **monthly** income maximum (500% FPL)

Monthly Gross Income Limit by Household Size (500% of Federal Poverty Level)							
Household Size	1	2	3	4	5	6	7+
Monthly Income	\$5,613.00	\$7,183.00	\$9,050.00	\$10,917.00	\$12,783.00	\$14,650.00	Add \$1,867

- Check boxes have been provided for your use to indicate the required documentation is included with the application submission.
 - Assistance cannot be provided to pay past due accounts
- Please do not send in proof of enrollment, enrollment will be verified by the enrollment department.
- If requested, additional documentation must be received within **48 hours** of request .
- Please provide income for applicant tribal member age 18 and over for the last 30 days.
Applications will not be approved without income information or no income statement completed .
- Applications may be submitted via U.S. Mail or email to wrptcares@wrpt.org
 - All Applications must be signed -digital signature is preferred
- Please direct all application questions to: wrptcares@wrpt.org
- Please request application assistance by emailing wrptcares@wrpt.org or call 775-773-2306, please leave a message if your call goes to voicemail.
- Complete all residency information, a complete physical and mailing address is need to send a check.

Application Page 2:

- Please complete page to in its entirety. Include all household members, whether or not they have income .
- Information including answers to all question regarding other assistance applied for or received is required.
- PROVIDE ALL RELAVENT INCOME INFORMTION OR STATEMENT IF APPLICANT HAS NO INCOME.

Application Page 3:

- Select each category you are requesting assistance for. Documentation may be required for each assistance expense requested.
- **MANDATORY:** Provide a narrative demonstrating how the assistance requested is a direct result of the COVID -19 Pandemic.

Application Page 4: Review carefully and sign (digital signature preferred).



Walker River Paiute Tribe

Assistance to Tribal Members

CARES Act Program

Application

Only applications with all sections completed will be processed

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

1. Must be an enrolled Walker River Paiute Tribal member 18 years or older who resides on or off Walker River Paiute Indian Reservation
2. Must demonstrate a need for assistance directly related to the COVID-19 Pandemic
3. Must be used for expenses incurred March 16, 2020 through December 30, 2020
4. Gross monthly income for applying Tribal member 18 years and older **for last 30 days** does not exceed **500%** of the 2020 Federal Poverty Level (FPL) for household size.
5. Eligible Tribal members 18 and over may receive **\$1,000 per month** for the months of June, July and August upon submission and approval of the monthly application.

*****Attention – Assistance cannot be provided to pay past due accounts incurred prior to March 16, 2020*****

Required Documentation:

Complete Application (all sections completed, application signed – digital signature preferred)

Enrollment with the Walker River Paiute Tribe (enrollment will be verified)

Additional documentation may be required to process application or disburse payments based on assistance required

Application may be submitted via mail, email (digital copy) or in drop-box at the South end of the Tribal Hall

Please mail application to:
Walker River Paiute Tribe
ATTN: WRPT Cares
PO Box 220
Schurz, NV 89427

Please email to application to:
wrptcares@wrpt.org

APPLICANT INFORMATION

Month Assistance is Requested: _____

WRPT Tribal Member Name: _____ Enrollment#: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Phone #: (_____) _____ Message #: (_____) _____

HOUSEHOLD AND FINANCIAL INFORMATION

Names of Household Members?	Relationship	DOB	Age	Has Income? Y/N
1. _____	Self	_____	_____	/
2. _____	_____	_____	_____	/
3. _____	_____	_____	_____	/
4. _____	_____	_____	_____	/
5. _____	_____	_____	_____	/
6. _____	_____	_____	_____	/
7. _____	_____	_____	_____	/
8. _____	_____	_____	_____	/
9. _____	_____	_____	_____	/

HOUSEHOLD INCOME AND OTHER ASSISTANCE INFORMATION

GROSS MONTHLY INCOME (before taxes, within the last **30 days'** time period) is required for Tribal members 18 years of age or older in the household. **Proof of income is not required but maybe requested to process the application.**

If you have "no income" please select box below and provide explanation.

		Income #1		Income #2	
Income	Applicant Monthly Income	\$		\$	
	Income Source				
	Have Proof?	Yes	No	Yes	No

- What is considered income?
- Adoption Assistance
 - Alimony
 - Annuities
 - Cash gifts – regular
 - Child Support
 - Contract for Deed
 - Disability Insurance
 - Dividends
 - Earned Income (wages, salaries, bonuses)
 - Foster Care Payments
 - Informal Income
 - Inheritance
 - Interest
 - Lump Sum – nonrecurring (only counted in the year the funds are received)
 - Lump Sum – recurring
 - Military Pay
 - Pensions
 - Rental Income
 - Retirement
 - Royalties
 - Self-Employment Income
 - Social Security Benefits (SS, SSD)
 - Supplemental Social Security Benefits (SSI)
 - Stimulus Check
 - Strike Benefits
 - Temporary Assistance for Needy Families (TANF)
 - Tribal TANF
 - Tribal General Assistance
 - Tribal Per Capita payments from gaming revenue, land leases, or other payments subject to federal tax
 - Trust Fund
 - Unemployment Insurance
 - Veterans Benefits
 - Workers Compensation

I have NO income – Explain:

1. Have you received similar assistance through other Tribal or State Programs?
Yes No If yes, amount of assistance: \$ _____
2. Have you applied for assistance through other programs?
Yes No
3. Are you aware of available community resources such as Food Bank, community store, senior care packages, United Way, etc? Yes No
4. Do you receive:

Food Stamps	Yes	No	\$ _____/month
Commodities	Yes	No	
Medicaid	Yes	No	
TANF	Yes	No	

ASSISTANCE CATEGORIES

*****Applicants must demonstrate of need of at least \$1,000 per month to be eligible for the full amount of assistance*****

Please select requested assistance (Check all that apply):

Food	\$
Cleaning Supplies	\$
Personal Hygiene Products	\$
Vehicle Fuel	\$
COBRA Premium	\$
Burial	\$
Medication	\$
Adult/Elder Care	\$
Child Care	\$
Home Sanitizing (COVID Victim ONLY)	\$
Shopping Assistance	\$
Other:	\$

Water	\$
Electricity	\$
Propane	\$
Natural Gas	\$
Pellets	\$
Firewood	\$
Internet	\$
Cell Phone	\$
Auto Insurance	\$
Rent/Mortgage	\$
Vehicle Registration	\$

School Aged Child Distance Learning Equipment and Supplies	\$
School Aged Child Educational Materials, Software or Subscription	\$
College Student Distance Learning Equipment and Supplies	\$
Online Training and Retraining Courses (enhanced employment opportunities)	\$
Elder access to technology, Internet and equipment	\$
College Students – Unexpected COVID-19 related expenses	\$
Internet Installation	\$

*****Assistance is capped at \$1,000 per month per eligible Tribal member 18 years and older for the months of June, July and August 2020*****

HOUSEHOLD IMPACT DIRECTLY RELATED TO COVID-19 PANDEMIC

THIS SECTION IS MANDATORY

How has the COVID-19 (Coronavirus) **directly** affected your household's ability to provide food, housing, or other need indicated in the assistance categories above?

RELEASE OF INFORMATION / DISCLAIMER

I hereby authorize the staff of the Walker River Paiute Tribe (WRPT) Administration to obtain and exchange information with the following agencies/programs:

- WRPT Administration Departments / Programs
- WRPT Tribal Enterprises
- WRPT Tribal Courts / Child Support Enforcement Program
- Tribal Gaming Regulatory Commission(s)
- Social Security Administration
- Nevada Employment Department
- Nevada Department of Health & Human Services
- Domestic Violence Programs
- Other State, Federal and other Tribal Offices not listed herein

I hereby authorize the WRPT Administration staff and its agents, access to any of my records to verify information I provided in my WRPT Assistance to Tribal Members CARES Act Program ("Program"). I also consent to any required investigation by the WRPT to confirm information I provided from any State, Federal or Tribal offices or other agencies so that the WRPT can determine if I am eligible for assistance available through the Program. I understand that the Program is a benefit assistance program and not an entitlement. **I understand such assistance may be considered income for other entitlement programs. I understand it is my responsibility and determine any impact program grant funds I receive may have on public assistance I currently or in the future may receive.** If I receive assistance as a result of withholding information or by knowingly providing false or fraudulent information, I agree to repay the assistance and I understand may be found guilty of fraud and subject to Tribal and/or Federal criminal prosecution. If my application is denied, I understand I may request a review within ten (10) days of the date of denial. I understand that no person may be denied assistance on the basis of race, color, sex, age, religion, national origin or political belief. I agree to all terms of this release and disclaimer and I am allowing the WRPT Administration access to my personal information to process my application. By signing this application, I understand that if I am approved, I will be notified at a later date.

Signature: _____

Date: _____

Printed Name: _____