



Walker River Paiute Tribe Assistance Tribal Members CARES Act Program

Updated July 21, 2020

GENERAL INFORMATION

- Assistance is capped at \$1,000 per month per eligible enrolled tribal member 18 years and older for the months of June, July, August, September and October 2020.
- Applications for assistance must be submitted for **each** month assistance is requested.
- Applications will be only be accepted during the following application periods, **early or late applications will not be processed:**
 - November Assistance October 22 - November 5, 2020
 - December Assistance November 20 - December 5, 2020
- Approved applications will have checks issued on the 15th of the month.
- Applications may be submitted via:
 - Email with ONE application per email (do not send multiple applications in one email)
 - U.S. Mail postmarked by the deadline
 - Hand delivery to the dropbox located outside the Tribal Hall
- Applications can be obtained by downloading from the official Walker River Paiute Tribe website at www.wrpt.org and clicking on the red COVID-19 Information and resources button, requesting an application via email by emailing wrptcares@wrpt.org or calling 775.773.2306 ext 2304 to request assistance in completing your application. The tribe will mail an application to tribal members each month.
- Please **do not** submit multiple applications as it will delay the review and approval of all applications.
- Please complete **all** sections of the applications, incomplete applications will delay review and approval.

**IN ORDER TO RECIEVE A TIMELY APPROVAL PLEASE
READ AND FOLLOW ALL INSTRUCTIONS THE BACK PAGE**

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. Incomplete applications may result in checks being issued after the 15th of the month.

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 using the enrollment number listed on the application.
- 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 ext 2304, 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 questions regarding other assistance applied for or received is **required**.
- PROVIDE ALL RELEVANT INCOME INFORMATION 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).