



Walker River Paiute Tribe Build Back Stronger Assistance Program

Application Period
November 15, 2021 to December 10, 2021

Program Eligibility Criteria:

1. Eligible Tribal members 18 years and older who have been affected by the Coronavirus public health emergency may receive a **one-time** \$2,500 Build Back Stronger assistance payment upon approval of a complete and accurate application.
2. Must be an enrolled Walker River Paiute Tribal member 18 years or older on or before November 15, 2021, who resides on or off Walker River Paiute Indian Reservation.

IMPORTANT INFORMATION

- Applications accepted November 15, 2021, to December 10, 2021. **Late applications will not be accepted.**
- Applications must include all required information. It is the tribal member's responsibility to ensure his or her enrollment number and mailing address are correct on the application and that all sections of the application have been completed.
- Applications must include a statement on how the Coronavirus public health emergency has impacted the member. Applications without a statement **will not be approved** for payment.
- Applications **must** be completed, initialed and signed by the eligible enrolled member. Applications submitted on behalf of another individual will not be processed.
- The Walker River Paiute Tribe has worked diligently to develop a simple process to apply for Build Back Stronger assistance program. Members are strongly encouraged to make sure applications are complete and correct prior to submitting their application.
- Approved applications will have checks issued on December 15, 2021. All checks will be mailed, **no exceptions.**
- The Tribe will mail applications to all members aged 18 and older the week of November 15, 2021. Applications will be mailed to the address on record with the Enrollment Office.
- Applications may also be obtained by downloading an application from the official Walker River Paiute Tribe website at www.wrpt.org and clicking on the red COVID-19 Information and Resources button. Tribal members may request assistance with completing their application by calling 775.773.2306 ext 2304.

Members are strongly encouraged to submit applications online for faster processing at

<https://tinyurl.com/yumv773e>

Applications can be mailed to:
Walker River Paiute Tribe
Attn: Build Back Stronger Assistance
PO Box 220
Schurz, NV 89427

Applications sent by mail must be postmarked on or before December 10, 2021.
Applications may also be delivered to the drop box on the east side of the Tribal Administration Building.

Walker River Paiute Tribe
Build Back Stronger Assistance Program

APPLICATION

WRPT Tribal Member Name: _____ Enrollment #: _____

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

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

Email Address: _____ Phone #: (____) _____

Statement on how the member has been affected by the Coronavirus public health emergency.

- _____ INITIAL I understand incomplete or inaccurate applications will be returned for correction and that I will have 48 hours from the date and time of the notice to submit a revised application.
- _____ INITIAL I understand this is a one-time Build Back Stronger assistance payment.
- _____ INITIAL I have been personally affected by Coronavirus public health emergency and am taking measures to recover from the impact the pandemic has had on me.
- _____ INITIAL I understand it is my responsibility to ensure the application is complete and accurate as there is **no appeal process**.
- _____ INITIAL I am submitting this application on my own behalf as an enrolled WRPT Member

RELEASE OF INFORMATION / DISCLAIMER

I hereby authorize the WRPT Administration staff and its agents' access to any of my records to verify information I provided in my Build Back Stronger Assistance 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 to 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 I may be found guilty of fraud and subject to Tribal and/or Federal criminal prosecution. I understand that no person may be denied assistance based on 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: _____