



## COVID-19 Economic Support Application

On November 13, 2020, the Iowa Tribe of Oklahoma Business Committee (BC) approved the Use of CARES Relief Funds Policy and Procedures. Based on the Business Committee's assessment that all tribal members have faced unforeseen financial hardships due to the COVID-19 pandemic. Under the policy, eligible enrolled members of the Iowa Tribe of Oklahoma age 18 or older can apply for a payment of \$2,000.00. On June 24, 2020, the U.S. Treasury updated its guidance documents on use of CARES funds. The guidance was updated to state that economic support payments must be based on an assessment of individual need. The official guidance is routinely updated, and we are closely tracking it to ensure compliance. **To receive the economic support payment, you must complete and submit this application.** Payment will be distributed on December 14, 2020. No payments will be sent without a completed application on file. All applications must be submitted by December 4, 2020.

### TRIBAL MEMBER INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Total documented household COVID19 caused loss and increased expense: \$ \_\_\_\_\_

**COVID-RELATED HARDSHIPS AND EXPENSES. Please check ALL emergency hardships and financial impacts you have experienced due to the COVID-19 public health emergency:**

- |   |   |
|---|---|
| <input type="checkbox"/> Loss of income                   | <input type="checkbox"/> Medical/health expenses      |
| <input type="checkbox"/> Increased grocery expenses       | <input type="checkbox"/> Increased childcare expenses |
| <input type="checkbox"/> Transportation expenses          | <input type="checkbox"/> Quarantine expenses          |
| <input type="checkbox"/> Cleaning and sanitation expenses | <input type="checkbox"/> Housing expenses             |
| <input type="checkbox"/> PPE expenses                     | <input type="checkbox"/> Utility expenses             |
| <input type="checkbox"/> Telework expenses                | <input type="checkbox"/> Distance learning expenses   |

**Other-** please list all other expenses and hardships resulting from the COVID-19 public health emergency (attach a separate sheet if more space is needed):

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How do you want to receive the payment?

- Paper check mailed directly to the address on file.
- Electronically transferred to my bank account on file.

**CERTIFICATIONS AND AUTHORIZATIONS**

Check box if the statement below is true

- THIS ASSISTANCE ADDRESSES AN UNMET COVID NEED. If you have received COVID assistance from other programs such as LIHEAP or TANF, state programs, other tribal programs or insurance claims, this direct payment funding can only be applied to an unmet COVID need. Under penalty of law, you must request COVID caused loss reimbursement that have not been previously addressed with other sources.

Check box if the statement below is true

- The total documented household COVID caused loss and increased expenses as requested on this application are true. I have documents and receipts for this loss and/or added expense and I will retain these records in the event of a federal audit.

**Federal law governing fraud:** “Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick scheme or device, a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing on documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.”

Submitting false applications constitutes conspiracy to defraud the United States Treasury and provides for a sentence of no greater than 10 years in prison, three years of supervised release, and a fine of \$250,000 or twice the gross gain or loss, whichever is greater. The charge of wire fraud provides for a sentence of no greater than 20 years in prison, three years of supervised release, and a fine of \$250,000 or twice the gross gain or loss, whichever is greater. In the event the federal government fails to prosecute, the Iowa Tribe of Oklahoma will.

By signing below, you make the following representations, authorizations, and certifications:

- I certify that I have read and understand the above statements. By submitting this application, you hereby consent to the personal jurisdiction of the Iowa Tribe courts for all matters related to the enforcement and prosecution of any matters related to funds received pursuant to this application. I certify that all information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

{State of \_\_\_\_\_}

{County of \_\_\_\_\_}

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared \_\_\_\_\_ to me known to be the identical persons and acknowledged to me that they executed the same as their free and voluntary act and deed, for the used and purposes therein set forth. Given under my hand and seal the day and year last above written.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission expiration

\_\_\_\_\_  
Commission number

**PLEASE SUBMIT COMPLETED APPLICATION NO LATER THAN DECEMBER 4, 2020 TO:**

Iowa Tribe of Oklahoma  
Attention: Administration  
335588 E 750 Road  
Perkins OK 74059

*FOR OFFICAL USE ONLY.*

Date Received:

Approved by:

Date: