



## COVID-19 Emergency Relief Aid Application

The Peoria Tribe of Indians of Oklahoma received funds from the United States Treasury Department under the American Rescue Plan Act. The Peoria Tribe developed the COVID-19 Emergency Relief Aid Program and authorized as a General Welfare Exclusion (GWE) program. The COVID-19 Emergency Relief Aid Program was adopted by the Business Committee on September 22, 2021, by passed motion to authorize emergency relief payments following ARPA guidelines. Payments to support qualified Tribal citizens that need COVID-19 Emergency Relief Aid and have been directly impacted by COVID-19 are not taxable to the tribal member.

A maximum amount of up to \$3,200 will be given to all tribal citizens that demonstrate a financial need for emergency assistance.

**This application must be completed for each enrolled tribal citizen and must be fully completed to be accepted. Payments will be processed approximately 30 days after verification of an approved application. Applications must be received by the Tribe on or before September 30, 2022.**

Application Checklist		
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Copy of Government Issued Photo ID	<input type="checkbox"/> If applying on behalf of a minor, supporting documentation per policy

Applicant Personal and Contact Information			
<b>Applicant Full Name</b>			
<i>Is the application on behalf of a minor?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Is the applicant under a conservatorship or adult guardianship?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of Birth</b>		<b>Peoria Tribe Enrollment Number</b>	
<b>Physical Address (Street, City, Zip)</b>			
<b>Mailing Address (Street, City, Zip)</b>			
<b>Phone Number</b>		<b>Email Address</b>	

## Financial Need Certification

As a condition of receiving emergency financial assistance from the Peoria Tribe's COVID-19 Emergency Relief Aid Program, I certify that myself and/or family falls under at least one of the following categories (**check all that apply**):

- Unemployed, loss of hours, or reduction of income due to the pandemic.
- Household is considered low-moderate income per the 300% Federal Poverty Rate (*household does not make more than the below monthly income for household size*).

Household Size	Gross Monthly Income
1	3,220
2	4,355
3	5,490
4	6,625
5	7,760
6	8,895
7	10,030
8	11,165
9	13,285
10	14,405

- Physical address is within a Qualified Census Tract:  
Step 1. Web Address: [https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)  
Step 2. Enter Physical Address at top left of webpage  
Step 3. Click Go  
Step 4. Select "Show Tracts Outline"  
Step 5. If your address is within the blue outlines, you live in a Qualified Census Tract, please check this box.

## Authorized Use of Funds and Certification

Use of funds must be consistent with expenditures related directly in response to the current COVID-19 pandemic, prevention of COVID-19 spread, and compliance with tribal, state, and local public health orders to mitigate the spread of the virus.

By signing below, I hereby certify that I have met the requirements for the COVID-19 Emergency Relief Aid and that the information submitted on this Application is true and correct to the best of my knowledge. I am also giving authorization to the Peoria Tribe to: (1) Verify any information on this application within the Peoria Tribal Government and Tribal Court and (2) verify my Tribal enrollment.

**If application is on behalf of a minor:** I certify that I am the parent/legal guardian to receive the COVID-19 Emergency Relief Aid payment on behalf of the minor child. By signing this document, I agree that I am responsible for collecting the payment and the funds will go towards the minor for allowable expenses under the program. I agree that I will be responsible for paying the funds back in the event it is found that the minor did not receive direct care from the emergency support payment.

**If applicant has an adult conservatorship or adult guardian:** I certify that I am the legal conservator, adult guardian, or power of attorney to receive the COVID-19 Emergency Relief Aid payment on behalf of the adult. By signing this document, I agree that I am responsible for collecting the payment and the funds will go towards the adult listed for allowable expenses under the program. I agree that I will be responsible for paying the funds back in the event it is found that the adult listed did not receive the emergency support payment.

<b>Printed Name of Submitter:</b>	
<b>Signature:</b>	<b>Date:</b>

For Official Use Only	
Date received by the Tribe:	
Tribal enrollment verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Verified:
Application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not approved, reasoning:	
Check #:	Date check mailed: