



Mashpee Wampanoag Tribal Member

COVID-19 Assistance Application Form

The COVID-19 Assistance Program is designed to provide emergency financial assistance to enrolled Mashpee Wampanoag Tribal Members who have experienced economic hardships due to the effect of the COVID-19 pandemic. Funding of this program is in accordance with the federal CARES Act Relief Fund and is non-taxable as a Tribal general welfare assistance program. Please refer to the Tribe's COVID-19 Assistance Program for details on eligibility and use of this assistance. The Assistance payment is \$1,800 to cover the period March 1, 2020 through December 30, 2020 for each eligible adult Tribal Member. This Application shall be maintained as a confidential record of the Mashpee Wampanoag Tribe and will not be disclosed without the written consent of the Applicant, except to the extent that disclosure is required pursuant to the CARES Act.

APPLICATION DEADLINE:
MUST BE RECEIVED NO LATER THAN 5:00 PM ET MARCH 30, 2021
Email Application or Questions to: MWTCARES@mwtribe-nsn.gov

PART 1 – APPLICANT INFORMATION

Applicant Name _____

Tribal Enrollment No. _____ Contact Phone No. _____

Email _____ Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address _____ City _____
(if different than mailing)

State _____ Zip Code _____ Number in Household _____

Adult Tribal member under Guardianship

NAME	Relation	DOB	Tribal No.	Soc. Sec No.

If legal guardian of adult, please provide proof of legal guardianship.



PART 2 – ECONOMIC NEED

Since March 1, 2020, I have experienced the following (check any or all that apply) economic impacts due to the COVID-19 Pandemic:

- | | |
|--|---|
| Unemployment | Reduced employment |
| Increased utility costs | Increased food costs |
| Increased household cleaning costs | Increased costs for telework |
| Increased personal care costs, e.g.,
for protective masks and measures | Increased costs for distance learning
for school, including associated
child care costs |
| Loss of self-employed/business income | Increased costs for looking for work |
| Housing increase, foreclosure, eviction,
rent | Transportation costs for medical
for testing and procedures |
| Increased health care costs, unreimbursed
prescription, supplements, counseling | Other unanticipated costs due to
COVID-19 as described below: |
| Increased costs for isolation or quarantine
due to positive test or COVID-19 exposure | _____ |
| Eldercare, increased costs due to COVID-19 | _____ |
| | _____ |

PART 3 – CERTIFICATION

I certify that I have been directly impacted by the COVID-19 pandemic and that I will use any funds I receive from the Tribe’s COVID-19 Assistance Program solely to address the COVID-19 related expenses I identified in Part 2 above. I certify I meet the Tribal member COVID-19 Assistance Program requirements, and the information contained herein is true and correct to the best of my knowledge. I agree that if I do not use these funds in compliance with the Tribe’s COVID-19 Assistance Program, I will repay the funds to the Mashpee Wampanoag Tribe.

Applicant Signature _____ Date ___/___/___

Or

Legal Guardian Signature _____ Date ___/___/___

OFFICIAL USE		
Date Received ___/___/___	Enrollment Verified _____	Date ___/___/___
	Certification Verified _____	Date ___/___/___