



The Klamath Tribes
COVID-19 (Coronavirus) Emergency Assistance
 March 1, 2020 to December 31, 2020
 Program Application

PROGRAM ELIGIBILITY

- 1) At least one member of the household must be an enrolled Klamath Tribal member
- 2) May reside in or outside of Klamath County, Oregon
- 3) Gross income for all Adults for last 30 days cannot exceed 60% OR State Median Income
- 4) Must demonstrate *need* for assistance as it relates to the COVID-19 Pandemic

START DATES

March 1st

ELIGIBLE HOUSEHOLDS

All households may apply for assistance.

REQUIRED DOCUMENTATION

- Complete Application.** All sections are complete and application must be signed.
- Proof of enrollment in The Klamath Tribes.** For at least one member of household (Information provided will be verified with the Member Benefits Department).
- Income for all Adults for last 30 days.** Proof of income or no income required for all Adults.

Monthly Gross Income Limit by Household Size (60% of OR State Medium Income; before taxes)

HH Size	1	2	3	4	5	6	7	8	9	10+
Monthly Income	\$2,165	\$2,832	\$3,498	\$4,164	\$4,830	\$5,496	\$5,621	\$5,746	\$5,871	+\$125/ person

TO SUBMIT AN APPLICATION – DIGITAL COPIES ARE ACCEPTED.

MAIL Klamath Tribes Administration
 Attn: COVID-19
 PO Box 436, Chiloquin, OR 97624

FAX (541) 783-2029

ATTENTION!

Assistance will be processed within 1-2 weeks after application is approved. Applications will be processed on first come, first serve basis.

****Only complete applications will be processed. Assistance will be provided.****

If you have any questions, please call 1-800-524-9787 or (541) 783-2219.
 The Klamath Tribes Administration, PO Box 436, Chiloquin, OR 97624 • Fax (541) 783-2029

HOUSEHOLD INFORMATION

	Names of Household Members	Relationship to You	DOB	Age	Has Income?
1.	_____	Self	_____	_____	Y / N
2.	_____	_____	_____	_____	Y / N
3.	_____	_____	_____	_____	Y / N
4.	_____	_____	_____	_____	Y / N
5.	_____	_____	_____	_____	Y / N
6.	_____	_____	_____	_____	Y / N
7.	_____	_____	_____	_____	Y / N
8.	_____	_____	_____	_____	Y / N
9.	_____	_____	_____	_____	Y / N

Individual enrolled in Klamath Tribes: _____ Roll #: _____

RESIDENCY INFORMATION

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____

Phone #: (_____) _____ Message #: (_____) _____

1. Have you *received similar* assistance through other Tribal or State Programs? Yes No
If yes, amount of assistance: \$ _____
2. Have you applied for assistance through other programs?
 Yes No
3. Are you aware of available community resources?
 Yes No
4. Do you receive Food Stamps, Commodities or TANF?

OFFICE USE ONLY

Yes No SNAP/TANF benefit: \$ _____ / month

ASSISTANCE SELECTION

Please mark the assistance you are seeking. Where appropriate, check will be made payable and mailed directly to the vendor.

SELECTION

Food **Personal Hygiene Products** **Cleaning Products/Supplies**

Medication – Vendor: _____

Remote Learning Capabilities for school aged children and college students

Utility/Heat – Vendor: _____ Acct. # _____

Allowable utilities: water, electricity, natural gas, propane, firewood, pellets, etc.

*Double check your account number. Staff are not responsible if account number provided is incorrect and the utility company applies payment to the wrong account.

Rent/House Payment – Payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Acct. # or other identifying info: _____

COVID-19 PANDEMIC

How has the COVID-19 (Coronavirus) affected your household's ability to provide food, housing, or other needs identified above?

HOUSEHOLD INCOME

Proof of GROSS MONTHLY INCOME (before taxes, within last 30 days' time period) is required for **all Adults** (18 years of age or older, not enrolled in High School or GED Program). If you have "no income" submit a Wage Printout. Wage Printouts are available from the Employment Office, at 801 Oak Ave., Klamath Falls, OR - (541) 883-5630.

Proof of income includes: check stubs, award or benefit letters. Bank statements are not valid proof of income, due to the following reasons: (1) Bank statements show net earnings, they do not show gross earnings, and (2) an individual's source of income may be split in more than one bank account, and therefore a bank statement may not provide accurate total earnings.

		Adult #1	Adult #2
Income #1	Adult Name		
	Income Source		
	Amount		
	Frequency		
	Have Proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income #2	Income Source		
	Amount		
	Frequency		
	Have Proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income #3	Income Source		
	Amount		
	Frequency		
	Have Proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL			

What is considered income?

- Adoption Assistance
- Alimony
- Annuities
- Cash gifts – regular
- Child Support
- Contract for Deed
- Disability Insurance
- Dividends
- Earned Income (wages, salaries, bonuses)
- Foster Care Payments
- Informal Income
- Inheritance
- Interest
- Lump Sum – non-recurring (only counted in the year the funds are received)
- Lump Sum – recurring
- Military Pay
- Pensions
- Rental Income
- Retirement
- Royalties
- Self-Employment Income
- Social Security Benefits (SS, SSD)
- Supplemental Social Security Benefits (SSI)
- Stimulus Check
- Strike Benefits
- Temporary Assistance for Needy Families (TANF)
- Tribal TANF
- Tribal General Assistance
- Tribal Per Capita payments from gaming revenue, land leases, or other payments subject to federal tax
- Trust Fund
- Unemployment Insurance
- Veterans Benefits
- Workers Compensation

MONTHLY INCOME		
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RELEASE OF INFORMATION / DISCLAIMER

I hereby authorize the staff of the Klamath Tribes Administration to exchange information with the following agencies/programs:

- Klamath Tribes Administration
Departments / Programs
- Klamath Tribal Health & Family Services
Department / Programs
- Klamath Tribes Enterprises
- Klamath Tribes Gaming Regulatory
Commission
- Klamath Tribal Courts / Child Support
Enforcement Program
- Social Security Administration
- Oregon Employment Department
- Oregon Department of Health & Human
Services
- Domestic Violence Programs
- Klamath Lake Community Action Services
(KLCAS)
- Other State, Federal and other Tribal
Offices not listed herein

I hereby authorize the Klamath Tribes Administration staff or its agents, access to any records in order to verify information given. I also consent to any legally authorized investigation for confirmation of information from any State, Federal or Tribal offices or other agents so that I am eligible for assistance available through the COVID-19 Emergency Assistance. I understand I am not entitled to benefit from the COVID-19 Program.

If I receive assistance as a result of withholding information or by knowingly providing false or fraudulent information, I must repay the assistance and may be found guilty of fraud and fined up to \$10,000 or put in prison or both. I understand I may be entitled to a fair hearing if requested within fifteen (15) day of completed date of application or date of denial. I understand that no person may be denied assistance on the basis of race, color, sex, age, religion, national origin or political belief.

I agree to all terms of this disclaimer and am allowing the Klamath Tribes Administration access to my personal information to process my Application. By signing this application, I understand that if I am approved, I may be notified at a later date.

Signature: _____

Date: _____

Printed Name: _____