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**
**ELIGIBLE HOUSEHOLDS**
March 1st  *All households* may apply for assistance.

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**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)

<table>
<thead>
<tr>
<th>HH Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Income</td>
<td>$2,165</td>
<td>$2,832</td>
<td>$3,498</td>
<td>$4,164</td>
<td>$4,830</td>
<td>$5,496</td>
<td>$5,621</td>
<td>$5,746</td>
<td>$5,871</td>
<td>+$125/person</td>
</tr>
</tbody>
</table>

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**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.

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**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

<table>
<thead>
<tr>
<th>Names of Household Members</th>
<th>Relationship to You</th>
<th>DOB</th>
<th>Age</th>
<th>Has Income?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________________</td>
<td>Self</td>
<td>_____</td>
<td>_____</td>
<td>Y / N</td>
</tr>
<tr>
<td>2. ______________________</td>
<td></td>
<td>_____</td>
<td>_____</td>
<td>Y / N</td>
</tr>
<tr>
<td>3. ______________________</td>
<td></td>
<td>_____</td>
<td>_____</td>
<td>Y / N</td>
</tr>
<tr>
<td>4. ______________________</td>
<td></td>
<td>_____</td>
<td>_____</td>
<td>Y / N</td>
</tr>
<tr>
<td>5. ______________________</td>
<td></td>
<td>_____</td>
<td>_____</td>
<td>Y / N</td>
</tr>
<tr>
<td>6. ______________________</td>
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<td>_____</td>
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<td>Y / N</td>
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<tr>
<td>7. ______________________</td>
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<td>_____</td>
<td>_____</td>
<td>Y / N</td>
</tr>
<tr>
<td>8. ______________________</td>
<td></td>
<td>_____</td>
<td>_____</td>
<td>Y / N</td>
</tr>
<tr>
<td>9. ______________________</td>
<td></td>
<td>_____</td>
<td>_____</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

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?**
☐ 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?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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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.

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
<th>Frequency</th>
<th>Have Proof?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

COVID-19 Emergency Assistance Application
**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: ____________________

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