

Burns Paiute Tribe

100 Pasigo St
Burns, OR 97720
Phone (541)573-2088
Fax (541)573-2323

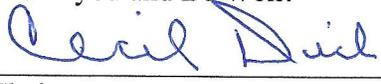
8 October 2020

Dear Burns Paiute Tribal Members,

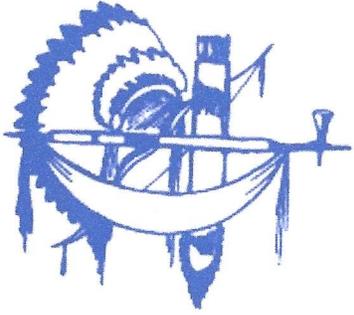
The Burns Paiute Tribal Council has taken careful consideration of the effects of the covid-19 pandemic on the health and welfare of our membership. In our evaluation we have identified hardships and unmet financial needs among our membership as a result of the covid-19 coronavirus pandemic. The Burns Paiute Tribe has received funding support from the US Dept. of Treasury, the Bureau of Indian Affairs, and the State of Oregon to offset the financial hardship of the Tribe and tribal programs. The uses for these funds are very specific and the Tribe is responsible for making sure the funds are used appropriately. These funds are to offset increased living expenses due to the covid-19 pandemic and are not a per capita or stimulus payment. The Burns Paiute Tribal Council has determined it appropriate to provide any available financial relief to tribal members who can demonstrate they have experienced financial hardships as a direct result of the covid-19 coronavirus pandemic. Beginning October 9th, 2020, the Burns Paiute Tribe will begin accepting applications from Burns Paiute tribal members for Covid-19 coronavirus financial relief support from the Tribe. The Burns Paiute Tribal Covid-19 coronavirus pandemic relief funding is specifically to offset financial hardships directly resulting from the pandemic. The Tribal Council understands that everyone has been impacted by this pandemic and that the financial support is supplemental to other support individuals may need. Please read the application and directions carefully and submit a fully completed application if you wish to be considered for tribal covid-19 coronavirus pandemic financial relief. Tribal members who turned 18 on or before March 16, 2020, and that can demonstrate financial need resulting from the pandemic are eligible to apply.

Applications may be accessed from the tribe's webpage (www.burnspaiute-nsn.gov), or by emailing the tribal administration's administrative assistant, Beverly Beers (beverly.beers@burnspaiute-nsn.gov), or by calling Beverly at (541) 573-2088. Please be respectful of the effort administration is adding to their workload to get these relief payments out to the membership. Applications must be received by administration no later than **5pm (PST), November 6th, 2020**, to be eligible for consideration of the current relief distribution. Applications may be returned by email to: beverly.beers@burnspaiute-nsn.gov, or sent via US postal service, fedex, or UPS. Faxes or electronic signatures will not be accepted. Questions about the policy should be addressed to the Tribal Council: bpttribalcouncil@burnspaiute-nsn.gov.

Thank you and Be Well!


Chairperson


Attest: Secretary-Treasurer



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TRIBAL MEMBER INFORMATION (Please print legibly)

Name: _____ DOB: ___ / ___ / ___

Burns Paiute Tribe Enrollment Number: _____ SSN (last four digits) _____

Street Address: _____ Mailing Address: _____

City, State, Zip: _____ County: _____

Home/Cellphone: _____ Work: _____

Minor Children in household (include all living in the home):

	<u>First, MI, and Last Name</u>	<u>DOB</u>	<u>Burns Paiute Tribal Enrollment #</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

(if needed please use back of sheet for additional)

PLEASE CHECK ALL COVID-19 RELATED LIVING ASSISTANCE NEEDS THAT APPLY:

- | | | | | |
|---|---|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Gas/Propane | <input type="checkbox"/> Food | <input type="checkbox"/> PPE/Sanitizer | <input type="checkbox"/> Medical | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Rent/Mortgage | <input type="checkbox"/> Water | <input type="checkbox"/> Loss of income | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> internet/phone | <input type="checkbox"/> Other _____ | | |

CERTIFICATION:

I hereby certify and attest the information completed by me on this application is true and correct to the best of my knowledge and that any relief assistance received by me will be used to offset covid-19 related expenses I have incurred since March 2020.

Applicant Signature

Date

Application must be received by 5pm, November 6th, 2020, to be considered for 2nd distribution.

FOR OFFICIAL USE ONLY-PLEASE DO NOT WRITE IN THIS SPACE

Date/Time Application Received: _____ Processing Employee Initials: _____

APPLICANT APPROVED PAYMENT AMOUNT: _____ (Attach proof of payment to completed application)