

COMANCHE NATION TRIBAL MEMBER CARES ACT PROGRAM

Resolution # TMCAP-2020

**THIS IS NOT A PER CAPITA PAYMENT**

CLIENT INFORMATION (PLEASE PRINT)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Comanche Nation Enrollment Number \_\_\_\_\_ SSN (last four digits): \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home/Cellphone: \_\_\_\_\_ Work: \_\_\_\_\_

Are you the head of household? YES \_\_\_\_ NO \_\_\_\_ I certify that I'm over 18 years old: \_\_\_\_\_

**"NO" will delay intake**

**INITIAL**

**PLEASE CHECK COVID-19 RELATED NEED: Documents verifying needed assistance would be helpful in expediting your payment. (MANDATORY THAT YOU CHECK CATEGORY THAT APPLIES TO NEED.)**

- Gas/Propane
- Water
- Electricity
- Rental
- Mortgage
- Lease Purchase
- Lot Rental
- Food
- Diabetic
- Shut-In
- Education
- Loss of Income
- Phone Bill
- Child Care
- Other: \_\_\_\_\_

**1<sup>st</sup> assistance cannot exceed (one thousand dollars) \$1,000.00. Future possibility of other funding: (Depends on balances of US Treasury funding).**

**DISCLAIMER:** *In submitting this application, I declare and certify that the information and documentation is true and correct, and I acknowledge that any payments based on inaccurate assertions or submissions or based on material omissions are subject to recoupment from the recipient by the Comanche Nation and /or the United States government. This may be cause to seek other remedies allowable by law. I further agree to assist the Nation in seeking any further necessary verification of the submitted information upon reasonable request.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ /2020

Intake Representative: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ /2020

**\*\* If you have any questions please feel free to contact a CARES Act Team member at 580-492-3775 \*\***

**FOR OFFICE USE ONLY- PLEASE DO NOT WRITE IN THIS SPACE**

Modification #2 06-25-TMCAP

Date Application Received: \_\_\_\_\_

Intake Supervisor: \_\_\_\_\_

**TOTAL APPROVED HOUSEHOLD PAYMENT AMOUNT**

\_\_\_\_\_

