

**POKAGON BAND OF POTAWATOMI INDIANS  
COVID-19 EMERGENCY ASSISTANCE PROGRAM APPLICATION**



**GENERAL DESCRIPTION**

- Completed Applications must be delivered to the Band’s Department of Social Services located at: **58620 Sink Road, Dowagiac, Michigan 49047, or by Email Social.Services@PokagonBand-nsn.gov, or by Fax 269-782-4295. No applications will be accepted after 5:00 pm on December 10, 2020.**
- COVID-19 Emergency Assistance Program is governed by the COVID-19 Emergency Assistance Program Policy (“Policy”), copies of which are available at the Department of Social Services. The Policy shall control in the event of any conflict with this Application.
- An Applicant must: (1) be a Band Citizen or Non-Citizen Parent; (2) be at least 18 years of age; (3) have **Increased Need or Job Loss Related Need**; (4) have an adjusted gross income for 2019 that does not exceed, or have suffered an income reduction in 2020, and it is Highly Unlikely that the person will have an adjusted gross income for 2020 that does not exceed: (i) \$75,000 for Applicants who filed their 2019 federal income tax returns under “single” status, or are Highly Likely to file their 2020 federal income tax return under such status, as applicable; (ii) \$112,500 for Applicants who filed their 2019 federal tax returns under “head of household” status, or are Highly Unlikely to file their 2020 federal income tax return under such status, as applicable; or (iii) \$150,000 for Applicants who filed their 2019 federal tax returns under “married filing jointly” status, or are Highly Likely to file their 2020 federal income tax return under such status, as applicable; and (5) complete and return to the Department this application, along with all required documentation, including as set forth in the Policy, Exhibit A Schedule of Acceptable Documents.
- Assistance is limited and subject to available funding, not to exceed \$1,500 per month, per household for either **Increased Need or Job Loss Related Need**.
  - **“Increased Need”** means financial need arising from increased costs related to the Emergency, including without limitation, food, childcare, medical care, home office, cleaning supplies, personal protection equipment and education (such as having to purchase a laptop for remote learning) and funeral expenses. Increased Need does not and is not intended to replace funding under any Band program negatively impacted by the Emergency, including but not limited to the HEAP.
  - **“Job Loss Related Need”** means financial need arising from employment interruption, job loss or reduced income, including without limitation, difficulty in making mortgage or rent payments, utility payments, purchasing food, and paying for medical care, making car payments, paying for insurance and similar living expenses, all as a result of the Emergency.
- An Applicant may apply for Assistance for both Increased Need and Job Loss Related Need in the same month, but Assistance **will not** be awarded for both Increased Need and Job Loss Related Need in the same month, rather for each month, the Department will award the higher amount for which the Applicant is eligible. **For example**, if for the same

month, an Applicant applies for Increased Need in the amount of \$500 and Job Loss Related Need of \$1,500, any award would be limited to \$1,500.

- Assistance shall only be provided for the period of August 1, 2020 through December 10, 2020, and Assistance shall not be provided for amounts accrued prior to August 1, 2020.
- Assistance shall not be used for or include expenses that have been or will be reimbursed under any federal program or any other Band program, or for damages covered by insurance.
- Applicants must have and retain a copy of all evidence submitted to the Department in support of Increased Need and/or Job Loss Related Need, as applicable, and must provide the same to the Department upon request.





## ADJUSTED GROSS INCOME

Complete the information below under either **2019 Adjusted Gross Income** or **2020 Adjusted Gross Income**.

### **2019 Adjusted Gross Income**

Mark the applicable box below if you are eligible for Assistance based on your 2019 adjusted gross income.

My adjusted gross income for 2019 was \$\_\_\_\_\_, and such amount does not exceed:

- \$75,000 and I filed my 2019 federal income tax return under “single” status
- \$112,500 and I filed my 2019 federal income tax return under “head of household” status
- \$150,000 and I filed my 2019 federal income tax return under “married filing jointly” status
  
- I did not file a 2019 federal income tax return

### **2020 Adjusted Gross Income**

Mark the applicable box below if you are not eligible for Assistance based on your 2019 adjusted gross income, and you have suffered a job loss or income reduction in 2020 and are **Highly Likely** to have adjusted income for 2020 that does not exceed:

- \$75,000 and it is Highly Likely that I will file my 2020 federal income tax return under “single” status
- \$112,500 and it is Highly Likely that I will file my 2020 federal income tax return under “head of household” status
- \$150,000 and it is Highly Likely that I will file my 2020 federal income tax return under “married filing jointly” status
  
- It is Highly Likely that I will not file a 2020 federal income tax return, and that my 2020 adjusted gross income will be \$\_\_\_\_\_.

In 2019, my adjusted gross income was \$\_\_\_\_\_.

In 2019, if I filed a 2019 federal income tax return, it was filed under the following status:

- Single     Head of Household     Married Filing Jointly

**“Highly Likely”** means having a high probability of occurring or being true based on an objective review of relevant facts and circumstances.

**CERTIFICATIONS AND AUTHORIZATIONS**

By signing below, the undersigned applicant makes the following representations, authorizations, and certifications:

- I have read the Band’s COVID-19 Emergency Assistance Program Policy in effect at the time this application is submitted, and I am eligible to receive Assistance under the Policy.
- I attest and certify that to the best of my information, knowledge, and belief all information provided in this application is true, accurate, and complete.
- I acknowledge and understand that I must retain a copy of all evidence submitted to the Department in support of Increased Need and/or Job Loss Related Need, as applicable, and must provide the same to the Department upon request.
- I acknowledge and understand that Assistance shall not be used for or include expenses that have been or will be reimbursed under any federal program or any other Band program.
- I acknowledge and understand that if I am a Band Citizen, then although the Band has structured the Program with the intent that the Assistance be non-taxable, if the IRS deems the Assistance, or any part of the Assistance, to be taxable, then I (and not the Band) shall be solely responsible for any taxes, interest and penalties owed from my receipt of any Assistance.
- I acknowledge and understand that if I am a Non-Citizen Parent, the Band will treat the Assistance as taxable and I (and not the Band) shall be solely responsible for any taxes, interest and penalties owed from my receipt of any Assistance.
- I acknowledge and understand that providing any false information may subject me to legal action, including without limitation, criminal prosecution.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Print Applicant’s Name

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