



# Caddo Nation COVID 19 Emergency Assistance Application

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

March 1, 2020 – December 31, 2020

<b>Head of Household:</b>	Name:	Date:
<b>Residency Information</b>		
Physical Address:		
Mailing Address:		
Phone:		
Email:		
Tribe:		
Has your household been impacted by COVID19?		

## ASSISTANCE SELECTION: **CAP OF \$1,000.00/per household**

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

### SELECTION

**MEDICATION** Vendor: \_\_\_\_\_ (or reimbursement through receipt)  
Please provide a copy of the bill with your application to ensure proper remittance addresses.

**UTILITY:** Please provide a copy of the utility bill with your application to ensure proper payment.

**Utility/Heat – Vendor:** \_\_\_\_\_ **Acct#:** \_\_\_\_\_

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**CAR:** Please provide a copy of the vehicle bill with your application to ensure proper remittance addresses.

**Vehicle Payment – Vendor:** \_\_\_\_\_ **Acct#:** \_\_\_\_\_

Allowable utilities: water, electricity, natural gas, propane, firewood, pellets, etc. Please provide a copy of the utility bill with your application to ensure proper remittance addresses.

*For rent assistance obtain a completed W-9 from your landlord for faster processing. (form attached)*

**RENT/HOUSE PAYMENT – Payable to:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Account # or Other Identifying Information:** \_\_\_\_\_

**Household Information:**

Name	DOB	Relationship to you	Tribe	Roll #

By signing this application, I understand that if I am approved, I may be notified at a later date. I certify that I am the head of household and the above submitted information is correct.

\_\_\_\_\_ Name

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

**Office Use Only:**

Address Verified: \_\_\_\_\_

Enrollment Verified: \_\_\_\_\_

Verified by: \_\_\_\_\_

Name

Date

AMOUNT APPROVED:	
_____ Vendor	_____ Amount
_____ Vendor	_____ Amount
_____ Vendor	_____ Amount
_____ Balance of Assistance (if any)	
	_____ Initials & Date

Attached W-9 is for use by Vendor not tribal member information (Landlord, bill company)

