

FOND DU LAC BAND OF CHIPPEWA STIMULUS PAYMENT REQUEST FORM

Name _____
First Middle Last, Suffix (Jr., Sr., III, etc.)

Street _____ Apt # _____

City _____

State _____ Zip Code _____

CERTIFICATION

I hereby certify and attest that I experienced a negative economic impact as a result of the COVID-19 pandemic due to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Unemployment, lay off, furlough, or termination | <input type="checkbox"/> Lost business income |
| <input type="checkbox"/> Housing insecurity or housing costs | <input type="checkbox"/> Increased food costs |
| <input type="checkbox"/> Increased internet, utility, or teleworking costs | <input type="checkbox"/> Mental health or medical costs |
| <input type="checkbox"/> Increased costs from remote learning or home schooling. | <input type="checkbox"/> Elder costs |
| <input type="checkbox"/> Increased costs for Personal Protective Equipment or sanitation supplies. | |
| <input type="checkbox"/> Other: _____. | |

Payment requested (check one):

- I request the full payment of \$3200 because the negative economic impact of the pandemic on me was at least that amount.
- The negative economic impact of the pandemic on me was less than \$3200, but at least \$_____. I request a reduced stimulus payment in that amount.

Social Security # (last 4 digits acceptable): _____ Birthdate: _____

Phone Number: _____ E-mail (optional): _____

Signature: _____ Date Signed: _____

If you have questions about completing this form, please contact the Fond du Lac Payroll Dept. at (218)878-8021 or 1-800-365-1613.

If the name or address above is an update, check here . If you have a name change, please include a copy of the name change order (marriage license, divorce decree, etc.)