



## APPLICATION FOR JOB INCENTIVE / GENERAL WELFARE STIMULUS

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I am applying for disbursement under the Job Incentive/General Welfare Stimulus under Category:  
Circle all that apply

A. Employed Full-Time Part-Time Self-Employed How Long? \_\_\_\_\_

Please indicate your pay period (circle one)

Monthly Semi Monthly Biweekly Weekly

(Please attach paystubs covering 3 months in the current quarter applying for. If applying for the full time award, please submit all paystubs for each month of the quarter)

A.1 Partially Employed due to protected leave (please circle one)

Protected leave due to: FMLA Leave Workman's Comp Claim

(Please attach verification of protected leave, i.e. Document proving FMLA leave from doctor or employer or Document from lawyer, union official or employer indicating leave due to an active workman's comp claim)

B. Legally Disabled

(Please attach physician or state agency verification)

C. Student

Full Time Student Part Time Student Number of Units: \_\_\_\_\_

(Please attach proof of enrollment in school of higher learning)

D. Unemployed

(Please attach completed unemployment worksheet & copies of applications)

**APPLICATIONS MUST BE SUBMITTED NO LATER THAN 30 DAYS AFTER THE END OF EACH QUARTER TO BE CONSIDERED ELIGIBLE**

(By signing below, I certify under penalty of perjury that all information submitted by me is true and correct to the best of my knowledge. I understand that any information submitted by me found to be falsified and or fraudulent will result in the removal of participating in this program for ONE (1) year, and I may be subject to repayment of any disbursements I have already received. Further I understand all information is subject to verification and any discrepancies or difficulty in doing so may hold up my disbursement.)

Tribal Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_