



**Muscogee (Creek) Nation**  
 Community & Human Services  
 Coronavirus Citizen Assistance Application

918-549-2440  
 covidsupport@mcn-nsn.gov

Check all that apply for the household:

CIF # \_\_\_\_\_

- I have experienced a job loss or a reduction in income due to the Coronavirus Pandemic
- I receive my primary monthly income from the Social Security Administration
- I receive Veterans Administration disability.
- I meet the income guidelines listed in the table below. (page 2)
- I receive assistance from a Federally funded program. (SNAP, TANF, Commodities, WIC, etc)

**SECTION 1. CITIZEN INFORMATION (Head of Household)**

Applicant Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

Sex: Male Female Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ MCN Roll Number: \_\_\_\_\_

Have you or another MCN citizen in your household received Coronavirus Aid from another tribe or tribal town? YES NO

If yes, which tribe or tribal town? \_\_\_\_\_

**SECTION 2. CONTACT INFORMATION**

Telephone Number: \_\_\_\_\_ Alternate/Message Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (no PO Box): \_\_\_\_\_ Same As Mailing: Yes NO

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**HOUSEHOLD COMPOSITION (Not including Head of Household):**

Name	Relation	SSN	DOB	Tribe	Roll #

**HOUSEHOLD INCOME:** Please include all household earned income.

Name	Source	Gross Amount	How Often?

**How do you want to receive your payment?**

Direct Deposit - Attach Voided Check or Bank Account Verification with routing and account number.

Check

**CERTIFICATIONS AND AUTHORIZATIONS**

By signing below, you make the following representations, authorizations, and certifications

I certify that:

- I am eligible to receive a relief payment under the laws, policy and rules issued by the Muscogee (Creek) Nation ("MCN") in effect at the time this application is submitted.
- I have experienced income loss or deficit as a result of change in employment status or market changes due to the Coronavirus Pandemic.
- **Fraud Statement:** I understand falsification of this information shall be grounds for denial of application and/or non-eligibility to receive future assistance. Fraud cases may be forwarded to the MCN Attorney General's Office if further action is needed.
- My typed name below will serve as my signature.

\_\_\_\_\_  
Citizen Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Citizen Signature

\_\_\_\_\_  
Date

*For Office Use Only:*

Coronavirus Hardship

\_\_\_\_\_ Eligible MCN Citizens

Coronavirus Income Relief

Persons in Family/Household	Household Income Limit
1	\$51,040
2	\$68,960
3	\$86,880
4	\$104,800
5	\$122,720
6	\$140,640
7	\$158,560
8	\$176,480
9	\$194,400
10	\$212,320