



Pawnee Nation of Oklahoma

P. O. Box 470 * Pawnee, OK 74058 * Phone: (918) 762-3621 * Fax: (918) 762-6446

May 20, 2020

Dear Pawnee Tribal Member:

As we all have been experiencing the dramatic effects of the COVID-19 (Coronavirus), we pray Atius is keeping you and your families safe.

We have sent out the press release announcing the plans for a COVID-19 Relief Fund for Pawnee Tribal members 18 years of age and older as of June 1st, 2020, that has been approved by the Pawnee Business Council.

All we need is this below questionnaire filled out and sent back to the Pawnee Nation using the return self-addressed and stamped envelope. If you have not had your address updated, please return the enclosed form as well for PN Enrollment to get that updated for you.

These funds have to be spent by December 31, 2020. Payments will not be distributed after September 30, 2020. Please let your family members know, if they are on the roll, to please update their information with enrollment so we can send them their relief funds.

Sincerely,

Charles Lone Chief, Interim President
Pawnee Business Council

Questionnaire:

I have incurred expenses related to the disruption of daily life due to the COVID-19 (Coronavirus) (including expenses such as: loss of income, food, housing, distance learning, technological improvements, health care, PPE, child care or any other public health/safety needs or services).

YES

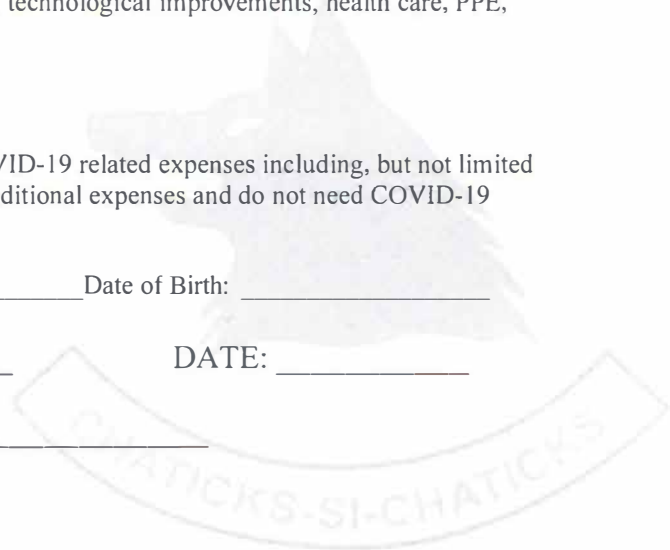
NO

I certify and confirm by answering YES above that I incurred COVID-19 related expenses including, but not limited to those listed; or by answering NO that I have not incurred any additional expenses and do not need COVID-19 relief funds.

Enrollment Number: _____ Date of Birth: _____

Print Name: _____ DATE: _____

Tribal Member Signature: _____





Pawnee Nation of Oklahoma

Enrollment Department

P.O. Box 470, Pawnee, OK 74058
Ph# (918)762-3873 Opt #7 Fax# (918)762-9927
Email: changeaddress@pawneenation.org

CHANGE OF ADDRESS AUTHORIZATION

Date, Name, Date of Birth, and Signature are required for Address Changes

PLEASE DO NOT FORGET TO SIGN THIS STATEMENT

Members 18 years and older must sign this form

Date: _____

Roll #: _____

Name: _____

Telephone #:(____) _____

Date of Birth: _____

E-Mail: _____

Update your Mailing Address:

Where you receive your mail

City _____

State _____ Zip Code _____

Street Address:

Check box if Same as Mailing Address

If you have a PO BOX, what is your physical address?

City _____

State _____ Zip Code _____

Update **enrolled** children under 18

Please update the same address for the following individuals under the age of 18: * Use additional sheet for more children *

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

***Signature of Member or Parent/Guardian**

Printed Name of Signature