

**Winnebago Tribe of Nebraska CARES ACT Housing and Utility Assistance**  
**Email the completed form to: wtnhumanservices@winnebagoTribe.com**  
**or complete an over the phone application by calling 833-568-7882 during WTN Human Services Business Hours**

Name \_\_\_\_\_ Are you the head of household? Y N

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

Phone Number: \_\_\_\_\_ E mail Address: \_\_\_\_\_

Please list everyone in your household

Name	Relationship	Enrollment Number
	SELF	

How has COVID-19 impacted your household?

**Payment Information**

\$800 per household - Please include your utility bill or lease/mortgage along with this application.

The amount maybe split up between different vendors. Please tell us how you would like the assistance disbursed.

Select all that apply: Rent Mortgage Gas Electric Water

#1 Vendor Name: \_\_\_\_\_

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

Acct#/Loan # \_\_\_\_\_ Amount \$ \_\_\_\_\_

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#2 Vendor Name: \_\_\_\_\_

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

Acct#/Loan # \_\_\_\_\_ Amount \$ \_\_\_\_\_

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#3 Vendor Name: \_\_\_\_\_

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

Acct#/Loan # \_\_\_\_\_ Amount \$ \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_