Winnebago Tribe of Nebraska
CARES ACT Housing and Utility Assistance

Email the completed form to: wtnhumanservices@winnebagotribe.com
An over the phone application by calling 833-568-7882 during WTN Human Services Business Hours

Name: _____ Date _____
Last First Middle

Street Address: _____ PO Box _____

City _____ State _____ Zip Code _____

Phone # _____ Email Address: _____

Please list EVERYONE in your household
Funds are restricted to one time per household. Head of Household must apply for assistance.

Household Member	Relationship to applicant
	Head Of Household

All applications must include proof of enrollment for the applicant and a copy of the bill or lease with the applicant's name on it.

I certify that the statements made on this application are true and correct to the best of my knowledge. I further understand that untrue or misleading statements may affect my eligibility for services.

_____ _____
Applicant Signature Date