



# SISSETON-WAHPETON OYATE

## Broadband Internet Assistance Application 2023

### APPLICATION

Name: \_\_\_\_\_ Tribal Enrollment No.: 347-\* \_\_\_\_\_

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

City State Zip Code

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

City State Zip Code

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Internet Provider: \_\_\_\_\_ Acct No.: \_\_\_\_\_

Email: \_\_\_\_\_ No. in Household: \_\_\_\_\_

Household Members	Relation to Applicant	Name of School if Applicable
1.		
2.		
3.		
4.		
5.		

### CERTIFICATIONS

Applicant certifies in good faith, subject to pains and penalties of perjury and other punishments under the law, that the following statements are true and correct by initialing next to each line:

\_\_\_\_\_ The applicant is the Head of Household (and the only household member applying for assistance).

\_\_\_\_\_ The applicant is an enrolled member of the Sisseton-Wahpeton Oyate.

\_\_\_\_\_ The applicant resides on the Lake Traverse Reservation.

\_\_\_\_\_ One or more individuals in the applicant household needs to be able participate in telehealth services.

\_\_\_\_\_ The applicant household needs broadband Internet service in order to enable one or more full-time students in the household to participate in Internet-based Distance Learning at their schools.

\_\_\_\_\_ The applicant has not received assistance from another government or program for the same expenses for which assistance is sought through this program.

\_\_\_\_\_ The information contained in this application and supporting documentation is true and accurate in all material respects, and the applicant understands that knowingly making a false statement to obtain assistance from this program is punishable under the law.

\_\_\_\_\_ If you move from your residence, all equipment must be returned and refund is issued to SWO TED before you can re-apply.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_