

**MESCALERO APACHE TRIBE**  
**Application for COVID-19 Economic Support Payment**

**INSTRUCTIONS**

1. A Tribal Member is eligible for a \$900.00 Economic Support Payment where he or she is 18 years of age or older on December 15, 2020, suffered economic impacts because of the coronavirus (COVID-19) pandemic, and the Tribal Member needs assistance for emergency individual needs. In addition, an Economic Support Payment for an additional \$500.00 per Tribal Member child (under the age of 18) is available if the parent/legal guardian of such child is eligible for an Economic Support Payment.
2. Submit your application: in person at Tribal Offices; by mail to P.O. Box 227, Mescalero, NM 88340; by fax to (575) 464-9191, by email to one of the following addresses:  
[clester@mescaleroapachetribe.com](mailto:clester@mescaleroapachetribe.com)                      [cmsaenz@mescaleroapachetribe.com](mailto:cmsaenz@mescaleroapachetribe.com)  
[vfernando@mescaleroapachetribe.com](mailto:vfernando@mescaleroapachetribe.com)                      [jchimal@mescaleroapachetribe.com](mailto:jchimal@mescaleroapachetribe.com)  
[htissnolthtos@mescaleroapachetribe.com](mailto:htissnolthtos@mescaleroapachetribe.com)
3. If you are eligible, then the Economic Support Payment check will be mailed (to the address on file) by December 15, 2020. MAKE SURE ADDRESS IS ACCURATE. Failure to do so could result in late payment.
4. Economic Support Payments may be used for emergency individual needs such as food, cleaning, medical, and toiletry supplies; pay for essential services such as water, electricity, and propane gas; and to pay overdue rent/mortgage payments to avoid eviction/foreclosure.

<u>Please List Your Information Below</u>			
Full Name:		Tribal Census #:	
Date of Birth:		Phone #:	
Check one: <input type="checkbox"/> My address is on file with the Tribe for prior economic support payments. <input type="checkbox"/> My address has changed or is not on file with the Tribe. My new mailing address (including house no./apartment no./etc., state, city & zip code) is:			
<u>Please List Child(ren)'s Information Below</u>			
Full Name:		Full Name:	
Tribal Census #:	Date of Birth:	Tribal Census #:	Date of Birth:
Full Name:		Full Name:	
Tribal Census #:	Date of Birth:	Tribal Census #:	Date of Birth:
Full Name:		Full Name:	
Tribal Census #:	Date of Birth:	Tribal Census #:	Date of Birth:
*Attach pages for additional children (include all information; certification applies to all names listed).			
By signing below, I certify that I have physical custody of the above-named child(ren) and no other person is filing an application on behalf of the above-named child(ren).			
I, _____ (print your name), certify that I have suffered economic impacts because of the coronavirus pandemic and require assistance for emergency individual needs. Further, I certify that the information contained above is true and accurate.			
Submitted by: _____		Date: _____	
Signature of Applicant			

SUBMITTED BY DEADLINE & COMPLETE? \_\_\_ YES \_\_\_ NO      BY: \_\_\_\_\_