



MESCALERO APACHE TRIBE
Application for 2021 COVID-19 Economic Support Payment
INSTRUCTIONS

1. Each eligible Mescalero Tribal Member can receive Economic Support regardless of his or her residency as follows:

A. 1 st payment on June 28, 2021:	Adult (18 years of age & older on June 9, 2021):	\$2,500.00
	Child (under the age of 18 on June 9, 2021):	\$ 500.00
B. Final payment on July 22, 2021:	Adult (18 years of age & older on June 9, 2021):	\$ 500.00
	Child (under the age of 18 on June 9, 2021):	\$ 500.00
2. A separate application must be submitted for each adult or child. You only need to submit one application to receive both payments. Applications must be submitted by June 17th @ 4:00 pm to receive the June payment on the date listed above. If you miss the June deadline, then you must submit your application before July 16th @ 4:00 pm to receive the July payment by the date listed above. No applications will be accepted after **September 30, 2021**.
3. 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 the following address: **mescalero@mescaleroapachetribe.com**
4. Checks will be distributed at the Inn of the Mountain Gods on the dates indicated above between 8:30 am and 4:00 pm. If you do not pick up your check, then it will be mailed. **MAKE SURE ADDRESS IS ACCURATE.** Failure to do so could result in late payment.

Please List Your Information Below – ONLY ONE PERSON’S INFORMATION PER FORM!

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 listed in the box: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
I experienced a negative economic impact as a result of the COVID-19 pandemic. Check all that apply (must check at least one): <input type="checkbox"/> I (or someone in my household) experienced unemployment or reduced hours during the pandemic. <input type="checkbox"/> I have a low or moderate income (\$75,000 or less for single person, \$150,000 for a married couple). <input type="checkbox"/> I (or someone in my household) experienced food or housing insecurity during the pandemic. <input type="checkbox"/> I am (or someone in my household) is experiencing other negative economic impact. Please explain your extra costs (such as increased health care, utility, childcare, internet/digital access (telework/remote learning), transportation costs, household sanitation supplies, other expenses related to staying at home, or grocery costs, or your lost income, etc.):	
If this application is being submitted for a child, by signing below, I certify that I have legal custody of the above-named child and no other person is filing an application on behalf of the above-named child. *Attach any applicable custody orders.	
By signing below, I verify that the amount of negative economic impact I or my household have experienced as a result of COVID-19 is significant and proportional to the benefits I will receive. I certify that the information provided on this application is true and correct to the best of my knowledge. Any false information will be grounds for legal action. By signing, I also acknowledge that if my application is not complete, it will not be processed.	
Submitted by: _____ Date: _____ <div style="text-align: center; margin-top: 5px;">Signature of Applicant</div>	

SUBMITTED BY DEADLINE & COMPLETE? ___ YES ___ NO BY: _____