



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

INSTRUCTIONS

1. Each eligible Tribal Member adult (18 years of age or older on September 8, 2021) can receive a \$1,500.00 Economic Support Payment regardless of his or her residency. In addition, an Economic Support Payment of \$1,000.00 per eligible Tribal Member child (under the age of 18 on September 8, 2021) is available.
2. Applications must be submitted by **September 8, 2021**. Submit your application: in person at Tribal Offices; by mail to P.O. Box 227, Mescalero, NM 88340; by fax to (575) 464-9191; or by email to the following address: mescalero@mescaleroapachetribe.com.
3. If you are eligible, then the Economic Support Payment will be ready on **September 15, 2021**. 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.

<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:	
I have experienced a negative economic impact as a result of COVID-19 pandemic. Check all that apply: <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) has experienced food or housing insecurity during the pandemic. <input type="checkbox"/> I (or someone in my household) is experiencing other negative economic impact due to COVID-19. Please explain your extra costs (such as increased health care, utility, childcare, internet/digital access (for telework or 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 physical 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.	
<p>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.</p> <p>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.</p>	
Submitted by: _____ Date: _____ <div style="text-align: center;">Signature of Applicant</div>	

SUBMITTED BY DEADLINE & COMPLETE? YES NO BY: _____