



Pueblo of Jemez

COVID-19 Emergency Financial Assistance Program

At a duly called Tribal Council Meeting on August 27, 2021, the Pueblo of Jemez Tribal Council approved, pursuant to Tribal Council Resolution No. 2021-26, Emergency Financial Assistance for all Pueblo of Jemez Enrolled Tribal Members financially impacted by the COVID-19 public health emergency. As a result of the recent Delta variant surge and current tribal health orders, the Pueblo of Jemez has determined that tribal members and their households are experiencing negative economic impacts resulting from the pandemic.

The Pueblo of Jemez considered and took guidance from the per person amounts previously provided by the Federal government in response to the COVID-19 crisis and identified amounts that are reasonably proportional to the negative economic impact tribal member households are experiencing.

By accepting this assistance, as evidenced by signing this application, tribal members are certifying:

- The applicant is an eligible recipient of the funding, and
- The recipient understands the purpose of this program is to provide emergency financial assistance to Pueblo of Jemez tribal members, and
- The expenditure of the funds will be for tribal members to address the negative economic impacts due to COVID-19.

This document describes the application and eligibility process for enrolled tribal members to receive emergency financial assistance.

ELIGIBILITY AND APPLICATION PROCESS: All Enrolled Pueblo of Jemez Tribal Members are eligible to receive emergency financial assistance based on the two age categories approved by the Tribal Council. **Individuals who are not yet enrolled have until December 3, 2021 to complete all necessary documents with the Tribal Enrollment office. For more information on the process, please call 575.834.0056.**

18 years and older*	\$1,400.00	Financial Assistance
Under 18 years of age**	\$ 500.00	Educational/Health Subsidy

***Youth must have turned 18 years old as of September 1, 2021. **Those who turn 18 years old after Sept. 1, 2021, will be eligible for the Educational/Health Subsidy. There will be NO EXCEPTIONS.**

One Application per Enrolled Tribal member shall be submitted this includes: Adults, Youth and Children. Tribal Enrollment will be verified with the Pueblo of Jemez Tribal Enrollment Office.

Applications can be picked up at the Jemez Community Library, Security Checkpoints, or via the Internet at www.jemezueblo.org starting **September 27, 2021. The deadline for submitting applications is Friday, October 15, 2021 @ 7:00pm.**

Applications can be returned to the Jemez Community Library during the following times:

September 29 - October 1, 2021	Wednesday – Friday	1:00 pm to 5:00 pm
October 4 - 8, 2021	Monday - Friday	9:00am to 1:00pm
October 13 - 15, 2021	Wednesday - Friday	1:00pm to 7:00pm

Or emailed to: FinancialAssistance@jemezueblo.org Information: (505) 377-3487



Pueblo of Jemez
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APPLICATION

Please enter all information clearly and legibly. Eligible applicants are **Enrolled Pueblo of Jemez Tribal Members**. All checks will be **MAILED** so please provide a valid address. **Incomplete Applications will NOT be processed.**

As of September 1, 2021

__ I am 18 years of age or older __ I am under 18 years of age

First Name

Middle Name or Initial

Last Name, Jr./Sr.

(It is important that the name on this application match the name on your government-issued ID and/or Birth Certificate, to ensure proper payment)

Date of Birth

Tribal Enrollment #

Mailing Address

City

State

Zip Code

Phone Number: _____

Email Address: _____

Individuals who are not yet enrolled, have until December 3, 2021 to complete all necessary documents with the Tribal Enrollment office. For more information on the process, please call 575.834.0056.

I certify that I understand the purpose of this program is to provide emergency financial assistance to Pueblo of Jemez tribal members impacted by COVID-19 and that the information I have provided is true, complete and correct to the best of my knowledge.

Signed: _____ Date: _____

If under 18 years of age:

Parent /Legal Guardian Name _____
Parent/Legal Guardian Signature Date: _____

Tribal Official Verification

Complete application verified by: Signed: _____ Date: _____

Enrollment CIB verified by: Signed: _____ Date: _____