

## OFFICE OF THE GOVERNOR

15A BAY POE \* NAMBÉ PUEBLO \* NEW MEXICO 87506 \* PHONE 505-455-2036 \* FAX: 505-455-2038

November 2, 2020

RE: CARES Act General Welfare Assistance Program - Emergency Response/Pandemic Relief Support to Nambé Pueblo Enrolled Tribal Members

Dear Nambé Pueblo Tribal Members:

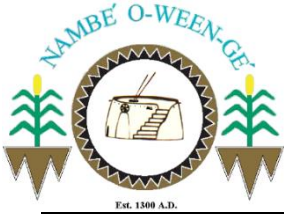
The Pueblo has created the COVID-19 General Welfare Assistance Program- Emergency Response/Pandemic Relief Support to provide economic tax-exempt assistance to enrolled Nambé Pueblo Tribal Members who have experienced financial hardships due to the effects of the COVID-19 pandemic. We understand that the past few months have been extremely difficult for all our members. It is our intention that the emergency financial assistance will ease some of the financial hardship you are dealing with due to this public health pandemic. Assistance may be used for the following for related costs to COVID-19: cleaning supplies, personal protective equipment (PPE), medical care, food, shelter, health, education, housing, elder and disabled care, utilities, emergencies and disaster relief related to COVID-19.

With fluctuating impacts of the COVID-19 pandemic, the Governor's Office and Tribal Council will continue to monitor and assess the impact of the pandemic on our membership. We will begin with an initial welfare assistance distribution of \$700 for each eligible enrolled Nambé Pueblo Tribal Member.

To receive COVID-19 economic assistance, each enrolled Nambé Pueblo Tribal Member over the age of 18 must complete an Application. Enrolled Nambé Pueblo Tribal Members under the age of 18 must be listed on a parent/guardian application. Applications must be received by 5pm on November 13<sup>th</sup>, 2020 by dropping in the Governor's Office mailbox, or by email to [COVID19@nambepueblo.org](mailto:COVID19@nambepueblo.org). Incomplete Applications will **NOT** be processed. For additional Applications email request to [COVID19@nambepueblo.org](mailto:COVID19@nambepueblo.org) or visit [www.nambepueblo.org](http://www.nambepueblo.org).

Sincerely,

Phillip A. Perez, Governor



# APPLICATION

COVID-19 General Welfare Assistance Program  
*Emergency Response/Pandemic Relief Support*

*\*\*Please print legibly\*\**

## PART 1 –APPLICANT(S) INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_  
 Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

List additional enrolled Nambe Pueblo Tribal Members under the age of 18 that have not been included in another application.

Name	Relationship	DOB	Social Security No.	(For Office Use Only)

## PART 2 – ECONOMIC NEED

Between March 1, 2020 and December 30, 2020, my household has the following economic impacts caused by the COVID-19 Pandemic (check ALL that apply):

**1. LOSS OF INCOME DUE TO COVID-19:**

- Loss of employment    Reduced employment    Loss of self-employed/business income

**2. INCREASED EXPENSES DUE TO COVID-19:**

- Increased utility costs (does not include water, sewer, household waste disposal costs provided by Pueblo)  
 Increased household cleaning costs for protective masks and other related measures  
 Housing increase, foreclosure, rent or possible eviction  
 Increased costs for isolation or quarantine due to positive test or COVID-19 exposure  
 Increased costs to care for children or students at home  
 Increased food costs (does not include food donation boxes)  
 Increased costs for telework  
 Increased costs looking for work or children’s/school distance learning  
 Transportation costs for medical for testing and procedures  
 Loss of funding for school tuition or related costs  
 Homeless/living with relatives  
 Relatives living with you with underlying medical condition, requiring staying home to prevent exposure  
 Other unanticipated costs for COVID-19 – please explain: \_\_\_\_\_

\_\_\_\_\_

**PART 3 - CERTIFICATION**

I understand and agree with the following statements as verified by my initials and signature:

\_\_\_\_\_ I certify that I will keep receipts to every extent possible because the assistance is funded with federal funds from the CARES Act Coronavirus Relief Fund which is subject to audit.

\_\_\_\_\_ I certify that the funds I receive from the Pueblo will be used to satisfy the emergency financial needs of myself and family that are due to COVID-19 public health emergency.

\_\_\_\_\_ I certify that the financial assistance I receive is not an entitlement, nor a per capita payment and should not be considered income.

\_\_\_\_\_ I certify and agree that I will return to the Pueblo any portion of the assistance that exceeds my actual unreimbursed expenses resulting from the COVID-19 public health emergency.

\_\_\_\_\_ I certify that the foregoing expenses have not been reimbursed by other sources and I understand it is my responsibility to determine any impact the emergency relief funds I receive may have on public assistance I currently receive or may receive in the future for pandemic relief.

\_\_\_\_\_ I certify that I am able to verify my circumstances and data should the federal government and/or IRS request additional information as indicated in Part 2 – Economic Need.

\_\_\_\_\_ I certify the assistance provided under this program is not to duplicate any amounts received from other sources, such as unemployment assistance or other various CARES Act related assistance for COVID-19 economic support.

\_\_\_\_\_ I certify that I meet the COVID-19 General Welfare Assistance Program - Emergency Response/Pandemic Relief Support requirements, and the information contained herein is true and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

***Additional signature needed if the application includes any enrolled Nambe Pueblo Tribal Member under the age of 18***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

***The information in this application is protected, proprietary and confidential.***

**FOR OFFICE USE ONLY**

Enrollment No. \_\_\_\_\_ Verification \_\_\_\_\_ Approval \_\_\_\_\_

Amount \_\_\_\_\_ Check No \_\_\_\_\_ Date \_\_\_\_\_