



PUEBLO OF SANTA ANA
AMERICAN RESCUE PLAN ACT (ARPA)
Direct Cash Assistance (86 Fed. Reg. 26786, 26794 (May 17th, 2021))
Deadline: 5:00PM Sunday, December 26th, 2021

Submit application forms at:
Tribal Administrative Drop Box
Email: covidrelief@santaana-nsn.gov
Fax: 505-771-6745

APPLICATION INSTRUCTIONS

The Pueblo of Santa Ana General Welfare Emergency and Disaster Relief Program is designed to provide **non-taxable** economic relief to eligible Tribal Members of the Pueblo of Santa Ana with additional resources to maintain adequate housing, transportation, food, water, medication, medical care, utilities and basic life necessities to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic. Funding for this Program is being distributed from the American Rescue Plan Act (ARPA) funds received by the Tribe. These funds are **NOT tribal funds**, therefore use of these funds must be in compliance with the ARPA criteria and guidance issued by the U.S. Department of Treasury. Please keep in mind that this disbursement is for financial hardships created by the COVID-19 public health emergency.

Eligibility:

- Adult 18 years of age or older (Pueblo of Santa Ana enrolled adult tribal member or qualified non-member), and
- Has experienced a financial hardship due to the COVID-19 pandemic, and
- Must have completed a COVID vaccination series (1 shot –Johnson & Johnson or 2 shot- Pfizer or Moderna); and Must submit a copy of their vaccination card or official medical documentation.
- Vaccination record will be verified for accuracy

****If you are not currently vaccinated, you can still apply. However, you will not receive a disbursement until you provide proof of a complete vaccination series or official medical documentation.**

IF YOU CANNOT SHOW PROOF OF VACCINATION OR OFFICIAL MEDICAL DOCUMENTATION, YOU WILL NOT RECEIVE A DISBURSEMENT.

To get your COVID vaccine register at vaccinenm.org/my-registration.html, [CVS.com](https://www.cvs.com) or [Walgreens.com](https://www.walgreens.com).

Application Submission: Please submit complete application no later than

5:00PM Sunday, December 26th, 2021

By email: covidrelief@santaana-nsn.gov

By fax: 505-771-6745

Drop off only: Tribal Administration Drop Box

For further assistance regarding this Program, please call 505-771-6384 or Raquel Pena at 505-250-1016.



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APPLICATION

Please write legibly & complete all fields.
New applicants must complete a W-9 Form.

Applicant

Full Name: _____ **Enrollment #:** _____

Marital Status: Single Married **COVID-19 Vaccinated:** Yes No Planning To

Phone #: _____ **DOB:** _____ **Email:** _____

Traditionally Accepted: Yes No N/A **Date:** _____ **Accepted By:** _____

If you selected “Yes” to being COVID Vaccinated, please provide proof of vaccination, ie, copy of vaccination card or official medical documentation.

Certification of Need:

Please check the category that applies to you:

- Married joint filing with income less than \$150,000 per year
- Head of household with income less than \$112,500 per year
- Single person with income less than \$75,000 per year
- Person making more than the income listed in the options above but who can document at least \$3,200 of additional expenses or decreased income due to the COVID-19 public health emergency

All Applicants:

Please indicate the way you have been impacted by the COVID-19 Public Health Emergency by checking the box(s) that apply to your personal situation.

- Experienced housing insecurity
- Experienced other increased costs and/or decreased income in at least an amount of \$3,200
- Experienced unemployment



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CERTIFICATION:

I, (print name) _____,

certify that the above information is true and correct to the extent of my knowledge and that I have experienced a negative economic impact from the pandemic and that I will submit any requested documentation to demonstrate our eligibility for this program. I understand that knowingly submitting false information may be considered a crime under tribal and federal law. I further agree that the funds distributed by the Tribe shall be used for General Welfare and only to purchase essential goods and services to relieve the impacts of COVID-19, and shall not be spent on ineligible expenses which include alcohol, illegal drugs (including marijuana), tobacco and gambling or benefits used in any way that would be considered lavish and extravagant. I further agree that the Tribe will not be responsible for payment of any tax penalties, interest, or other costs incurred by receipt of assistance under this program.

I understand that I am personally responsible for using the General Welfare Emergency Assistance funds in the manner prescribed herein. I also understand that the Pueblo of Santa Ana, the IRS, or Treasury may ask for documentation of expenditures made with the General Welfare Emergency Assistance funds. Improper use of these funds may result in repayment of these funds to the government. Therefore, we strongly advise that you keep receipts.

By signing, I attest to my qualifications for these funds, and I acknowledge that I am personally responsible for the expenditures made with these funds.

 Signature of Applicant

 Date

If this application was completed on behalf of a person that is currently deployed in the Armed Forces, or is physically/mentally disabled, please provide proof of consent from the person that the request is being made for. In addition, please provide the following information and signature for the person completing the form:

Printed Name: _____ Phone #: _____

Mailing Address: _____

Email Address: _____

Reason for Completing Application: _____

Signature: _____ Date: _____