



Taos Pueblo
2021 American Rescue Plan Act (ARPA)
Household Assistance Application

****ONLY OPEN TO TAOS PUEBLO TRIBAL MEMBERS 18 YEARS OLD OVER AS OF MARCH 3, 2021****

∞PLEASE PRINT LEGIBLY∞

First Name: _____ M.I. _____ Last Name: _____ DOB: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ Phone Number(s): _____

Tribal Enrollment Number: _____

I, _____ (print name) certify that by accepting this assistance that:

- I am an authorized recipient of the funding, and
- I understand the purpose of this program is to provide emergency financial assistance to Taos Pueblo tribal members, and
- I have experienced financial hardship during the COVID-19 crisis dating back to March 03, 2021, and
- The expenditure of the funds will be for tribal members to address the negative economic impacts due to COVID-19.

I, attest the information I have provided is true, complete, and correct to the best of my knowledge.

Signed

Date

W-9 is required for application to be considered complete, download link below:

<http://irs.gov/forms-pubs/about-form-w-9>

[Form W-9 \(Rev. October 2018\) \(irs.gov\)](#)

OFFICIAL USE ONLY

Application received by: _____ Date: _____

Signature: _____

Application complete:

Approved by: _____ Date: _____

Recommendation: _____