



# COVID-19 YDSP TRIBAL FAMILY & INDIVIDUAL EMERGENCY FINANCIAL ASSISTANCE GRANT

The Ysleta del Sur Pueblo (YDSP) has established the “COVID-19 YDSP Tribal Family & Individual Emergency Financial Assistance Grant” program to help YDSP Tribal members (18 years of age and older and living anywhere in the United States or U.S. Territories) or any member of a Federal Recognized Indian Tribe (18 years of age and older and living in the El Paso or Hudspeth counties, Texas) impacted by the COVID-19 pandemic. YDSP can provide economic support to American Indian and Alaskan Native person(s) who are directly affected by the COVID-19 disruption. In other words, YDSP can provide financial assistance to people who lost their jobs, had workhours reduced, or experienced loss of income from other sources due to the COVID-19 pandemic. This assistance will help pay rent, utilities, food, and other essential items. In order to receive assistance, applicants will need to fill out this application and submit documents to verify eligibility and need.

**Please note that any incomplete information can delay the application process and subsequent payments.**

**1) Are you 18 years of age or older *and* an enrolled member of the Ysleta del Sur Pueblo (YDSP)?**

- Yes (skip questions 2 & 3 and go to question 4)  
 No

**2) Are you 18 years of age or older *and* a member of another federally recognized Indian tribe living in the El Paso or Hudspeth Counties, Texas?**

- Yes  
 No

**3) If you belong to another federally recognized Indian tribe, please specify which one:**

\_\_\_\_\_  
\_\_\_\_\_

**4) Are you a non-Tribal single parent (without support from your Tribal partner) with Tribal children?**

- Yes  
 No

**5) Please identify the tribe in which your child/children are enrolled in.**

- Ysleta del Sur Pueblo  
 Other - Write In: \_\_\_\_\_

**6) Have you or another member of your household have been affected by the COVID-19 pandemic?**

This means that you have been laid off, furloughed, been given reduced work hours, experienced a loss of income due to the COVID-19 pandemic, or experienced higher than normal grocery bills due to shortages of food in your area.

- Yes  
 No

**7) Have you received any COVID-19 financial assistance (such as the Small Business Administration Paycheck Protection Program) from local, state, tribal, and/or federal agencies?**

Please note that if you have received such assistance that it does not necessarily disqualify this application.

- Yes  
 No

**8) Please provide your contact information:**

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_  
\_\_\_\_\_

Address Line 2: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State / Province / Region: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**9) What is your Enrollment number?**

**PLEASE CONTINUE TO NEXT PAGE...**

10) INCLUDING yourself, please identify each member of your household residing in your home:

| FULL NAME | RELATIONSHIP TO YOU | TRIBAL STATUS            |                          | CURRENT MONTHLY INCOME |
|-----------|---------------------|--------------------------|--------------------------|------------------------|
|           |                     | TRIBAL                   | NON-TRIBAL               |                        |
| 1.        |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 2.        |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 3.        |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 4.        |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 5.        |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 6.        |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 7.        |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 8.        |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 9.        |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |
| 10.       |                     | <input type="checkbox"/> | <input type="checkbox"/> |                        |

Did you include a copy of tribal-issued ID card for yourself and each of your dependents listed above?  Yes  No

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**11) Briefly explain how you and / or your have been impacted by the COVID-19 pandemic:**

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**12) Please indicate the month(s) in which you experienced (or will experience) a hardship due to the COVID-19 disruption:**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> March 2020 | <input type="checkbox"/> August 2020    |
| <input type="checkbox"/> April 2020 | <input type="checkbox"/> September 2020 |
| <input type="checkbox"/> May 2020   | <input type="checkbox"/> October 2020   |
| <input type="checkbox"/> June 2020  | <input type="checkbox"/> November 2020  |
| <input type="checkbox"/> July 2020  | <input type="checkbox"/> December 2020  |

**13) Indicate the categories in which you need financial assistance:**

- Funeral costs
- Health Care (i.e., primary, emergency, hospice, mental health, etc.)
- Mortgage
- Rent
- Utilities
- Other: \_\_\_\_\_

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**14) What are / were funeral costs (related to COVID-19)?**

\_\_\_\_\_dollars in total

*Please provide a short justification for / description of funeral cost assistance:*

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**15) What are / were health care costs (related to COVID-19)?**

\_\_\_\_\_dollars in total

*Please provide a short justification for / description of health care cost assistance:*

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**16) What are your monthly mortgage costs? (in dollars)**

Principal: \_\_\_\_\_

Interest: \_\_\_\_\_

Escrow: \_\_\_\_\_

**PLEASE CONTINUE TO NEXT PAGE...**

**17) What are your monthly rent costs?**

\_\_\_\_\_dollars per month

**18) What are your monthly costs for utilities?**

\_\_\_\_\_dollars per month

**19) What are your total costs for "other"?**

\_\_\_\_\_dollars in total

*Please provide a short justification for / description of the costs related to "other"?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To qualify for assistance, you must submit documentation to demonstrate your need.**

These documents may include, but not be limited to, the following:

- Bank statements
- Rental contracts, letters from your landlord, or mortgage loan statements
- Bills or receipts
- Letters from your employer
- Quotes or proposals from businesses

**20) Have you included copies of the following documents with this application?**

Please check all that apply:

- Tribal Enrollment ID card
- Documentation showing how your job has been affected by the COVID-19 pandemic—*such as a letter from your employer, letter from a workforce, commission, etc.*
- Income documents—*such as payroll stubs, bank statements, etc.*
- Funeral costs documentation
- Health care costs documentation
- Rent/mortgage documentation
- Utilities documentation
- Other expenses documentation

Under penalty of perjury, I hereby certify that all information provided in this application and in any accompanying documents is true, accurate, and correct. I also agree that any grant funds awarded hereunder will be used for approved costs as described in this application. I further understand that any violation of this certification will result in a penalty which will include, but is not limited to, being declared a member not in good standing with the Ysleta del Sur Pueblo.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing the COVID-19 YDSP Tribal Family & Individual Emergency Financial Assistance Grant application. A caseworker will be assigned to your case and will be contacting you soon. If you have any questions about the status of your application, please contact the YDSP Circle of Harmony at 915-860-6170.**