

COLORADO RIVER INDIAN TRIBES' TRIBAL MEMBER DIRECT CASH ASSISTANCE PROGRAM APPLICATION

This application is for the Colorado River Indian Tribes' Tribal Member Direct Cash Assistance Program funded by the American Rescue Plan Act. All eligible tribal members age 18 and up who have experienced a negative economic impact due to the COVID-19 pandemic are eligible to receive a cash assistance payment of \$2,000.00 per eligible person if the requirements and deadlines are met. There will be two disbursement dates of \$1,000.00 per payment for eligible tribal member. Payments will be issued by US First Class mail. The following deadlines apply and will be strictly adhered to:

Application Due Date	First Payment Issued	Second Payment Issued
January 21, 2022	January 31, 2022	July 1, 2022
March 31, 2022	April 14, 2022	July 1, 2022
June 1, 2022	Not Eligible	July 1, 2022

You must be 18 years of age or older at the time you submit your application and/or by the application due date.

If you submit your application by the deadline to receive the first payment you are NOT required to submit another application for the second payment to be issued July 1, 2022.

Those who were not eligible or did not submit an application for the first payment still have the opportunity to submit an application by June 1, 2022 for the second payment to be issued July 1, 2022.

TO CLAIM A PAYMENT, PLEASE COMPLETE THE FOLLOWING INFORMATION:							
Name:			Tribal ID#				
First	Last		MI				
Date of Birth:		Social Security Nu	ımber:				
Phone:		Email:					
Mailing Address:							
Street/PO	Box	City	State	Zip Code			
Please note that the address will be issued to the address please include an updated	ss on your W-9 on file www. W-9 with this applicat	with CRIT. If you ion.	•	• • •			
The boxes must be checked	below to establish elig	gibility for payme	nt.				
☐ I have attached a copy of	of my CRIT tribal ID (fro	ont and back)					

	☐ I am 18 years of age or older				
	I have suffered a negative financial/economic impact due to the COVID-19 pandemic due to experiencing one or more of the following issues outlined below: Job loss				
	Homelessness				
	Reduction of household income				
	Caring for a dependent who lost a caregiver to COVID-19				
	Increased expenses for any of the following: Food expenses				
	Household supply expenses				
	Childcare expenses				
	Mortgage or rent expenses				
	Medical care expenses				
	Utility expenses, electric, heating				
	Student education materials expenses Student Internet access expenses				
	Student computer expenses				
	Other student expenses				
	Telework internet expenses				
	Telework material expenses				
	Telework computer expenses Essential worker PPE				
	Your household income is less than \$75,000.00 for single	or less than \$112,500.00 for head of			
	household, or less than \$150,000.00 for married filing sta				
and	By my signature below, I certify that the information provided ab and I am eligible to receive the direct cash assistance payment. I Welfare Exclusion and I will not receive a 1099.				
Sig	Signature: Date:_				
sho	Additional applications are available for download online at ht should be submitted by mail to CRIT Accounting, Attn Tracey CPlease contact CRIT Accounting at (928) 669-1239 with any qu	Quillen, 26600 Mohave Rd., Parker, AZ 85344.			
	OFFICE USE O	NLY:			
CR	CRIT Enrollment and Age Verification: Tribal ID #:	Date:			
Na	Name: Signate	ıre:			