



**MODIFIED 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:

<b>Application Due Date</b>	<b>First Payment Issued</b>	<b>Second Payment Issued</b>
<b>January 21, 2022</b>	<b>January 31, 2022</b>	<b>July 1, 2022</b>
<b>March 31, 2022</b>	<b>April 14, 2022</b>	<b>July 1, 2022</b>
<b>June 1, 2022</b>	<b>Not Eligible</b>	<b>July 1, 2022</b>
<b>August 31, 2022</b>	<b>Not Eligible</b>	<b>September 14, 2022</b>

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 and second payments still have the opportunity to submit an application by August 31, 2022 for the second payment to be issued September 14, 2022.

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**TO CLAIM A PAYMENT, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

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Name: \_\_\_\_\_ Tribal ID# \_\_\_\_\_  
First Last MI

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip Code

**Please note that the address you provide is where your payment will be mailed. If you leave this blank your payment will be issued to the address on your W-9 on file with CRIT. If you wish to change your address of record at CRIT please include an updated W-9 with this application.**

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**NEGATIVE ECONOMIC IMPACT INFORMATION:**

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The boxes must be checked below to establish eligibility for payment.

- I have attached a copy of my CRIT tribal ID (front 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 status.

Other: \_\_\_\_\_

By my signature below, I certify that the information provided above is, to the best of my knowledge, true and accurate and I am eligible to receive the direct cash assistance payment. I understand this payment is non-taxable as a General Welfare Exclusion and I will not receive a 1099.

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

Additional applications are available for download online at <https://www.crit-nsn.gov>. Completed applications should be submitted by mail to CRIT Accounting, Attn Tracey Quillen, 26600 Mohave Rd., Parker, AZ 85344. Please contact CRIT Accounting at (928) 669-1239 with any questions regarding your application or this program.

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**OFFICE USE ONLY:**

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CRIT Enrollment and Age Verification: Tribal ID #: \_\_\_\_\_ Date: \_\_\_\_\_

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