Protecting Tribal Families Fund
Application Guidelines

The AMERIND Protecting Tribal Families Fund provides financial assistance to Native American families who do not have homeowners' insurance and have experienced a devastating loss or unforeseen disaster.

Follow the steps below to apply for assistance.

Complete the form

- Provide a brief description of the loss, explaining how it occurred and the damages involved.
- State the reason for your request clearly.

Eligibility for Emergency Funding

To qualify for funding, you must meet the following criteria:

- Be an enrolled Tribal member.

Submit Your Request

- Email your completed form to us for review at businessdevelopment@amerind.com.

Once your request is received:

- It will be sent for approval, and you should allow 14 business days for processing.
- Upon approval, you will be asked to submit a W-9 to finalize the process and receive your check.

Note: Incomplete or unclear applications may delay the approval process.

AMERIND Protecting Tribal Families Fund
502 Cedar Drive
Santa Ana Pueblo, NM 87004
505.404.5000

Protecting Tribal Families Fund Application

AMERIND Protecting Tribal Families Fund assists Native American families without homeowners insurance who experienced a devastating loss or unforeseen disaster.

Name | Tribal Affiliation

Mailing Address

Physical Address

Email | Phone Number

Tax Identification Number (Attach completed IRS Form W-9)

CAUSE OF LOSS ☐ Wind/Hail ☐ Weight of ice, snow, sleet ☐ Tornado
☐ Explosion ☐ Lightning ☐ Falling Object
☐ Hurricane ☐ Water ☐ Fire
☐ Other (specify)

PROPERTY DAMAGED

☐ Dwelling ☐ Other Structures (specify):

TYPE OF LOSS Total Loss ☐ Partial Loss ☐

How did the loss occur? Provide brief description of damages.

Reason for request and any additional comments:

Please attach color photos of damages for interior and exterior.

I affirm that the information provided in this application is true and I have disclosed all relevant information.

Signature: _____ Date: _____

FOR AMERIND USE ONLY

Date Received: _____

Approved ☐ Amount: $ _____

Denied ☐ Reason: _____

CEO Signature _____ Date: _____