



Protecting Tribal Families Fund Application Guidelines

The AMERIND Protecting Tribal Families Fund provides financial assistance (\$500 per person/max \$2,500 per family) to Native American families who are uninsured homeowners and have experienced a catastrophic loss or unforeseen disaster. Applications for assistance must be submitted by an AMERIND Member on behalf of the impacted uninsured Tribal homeowner(s). Individual families are not eligible to apply directly.

How to Apply

To request assistance, the AMERIND Member must complete the following steps:

- Complete the application form.
- Provide a brief description of the loss, explaining how it occurred and the damages sustained.
- Clearly state the reason for your request for assistance and confirm that the loss was uninsured.
- Submit a completed W9 for each family requesting emergency funds.

Eligibility for Emergency Funding

To be eligible for assistance through AMERIND Protection Tribal Families Fund, the applicant must:

- Be an enrolled Tribal member.
- Have experienced a catastrophic loss or unforeseen disaster.
- Be an uninsured homeowner.
- Have the request submitted by an AMERIND Member on the homeowner's behalf.

Submit Your Request

- The AMERIND Member must email the completed application and all required supporting documentation to AMERINDCares@AMERIND.com for review.



What Happens Next?

Once your request is received:

- AMERIND will review the application and submit it for approval. Please allow up to 14 business days for processing.
- A completed W9 for each family requesting emergency funding must be included with the application before funds can be disbursed.
- Once all required documentation has been received and the request is approved, emergency funding will be issued directly to the approved recipient(s).

Note to avoid processing delays, please make sure all required information and supporting documentation are completed and included with the application.

AMERIND reserves the right to approve or deny any request, funding is limited and support is not guaranteed to any applicant.



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

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Mailing Address

--

Physical Address

--

Email

Phone Number

--	--

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

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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):

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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: _____