



# TAOS PUEBLO HOUSING AUTHORITY

925 Spider Rock Road, P.O. Box 2570  
Taos, New Mexico 87571

Phone: 575.737.9704 Fax: 575.737.9664

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May 12, 2021

Dear Tribal Member,

Attached is an application to receive wood due to the COVID-19 pandemic. You must reside on Taos Pueblo lands or in Taos County to receive the wood. We will be providing wood while supplies last to each Head of Household according to the list provided by the Taos Pueblo Governor's Office (both low income and non-low households.)

Bring your completed application and (1) proof of residency as listed below to the Taos Pueblo Housing Authority at 925 Spider Rock Rd.

- New Mexico Driver License or State ID
- Taos Pueblo Tribal ID
- Current utility bill

Thank you!

## Fuel Wood Assistance Application (IHBG – CARES)

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Wood Assistance is based on while supplies last and per head of household according to the Taos Pueblo Governor's Office official list and is offered to both Low Income and Non Low Income residents.

My current household income is \$ \_\_\_\_\_ per month/year (Household member(s): \_\_\_\_\_)

Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other source: \_\_\_\_\_ Contact#: \_\_\_\_\_

I also confirm and certify that I am the head of household and there are \_\_\_\_\_ (number) people in my household. \_\_\_\_\_ (Initial)

I have provided one of the following to verify my Taos Pueblo/Taos County physical residence.

NM Driver License                      TPH Staff verified \_\_\_\_\_

Taos Pueblo Tribal ID                      TPH Staff verified \_\_\_\_\_

Current Utility Bill                      TPH Staff verified \_\_\_\_\_

I confirm that the Coronavirus pandemic has created a hardship for my family due to (check all that apply):

\_\_\_\_\_ One or more household members are unemployed.      \_\_\_\_\_ Cut in work hours.

\_\_\_\_\_ Taking care of family members due to the pandemic.      \_\_\_\_\_ Increase in energy costs due to the pandemic.

\*I, \_\_\_\_\_ (print name) certify that I understand the purpose of this program is to provide assistance to address hardships directly related to issues caused by the COVID-19 Pandemic and that the information I have provided is true, complete, and correct to the best of my knowledge.

Head of Household PHYSICAL address: \_\_\_\_\_

House #: \_\_\_\_\_ (if available)

Date when wood can be delivered: \_\_\_\_\_ Time: circle one: (9 – 11a.m.) (1-2p.m.) (3 – 4p.m.)

\_\_\_\_\_  
Applicant Signature/Date

***For home deliveries to ensure safety of our staff; please have your dogs on a leash.***

OFFICE USE ONLY

\_\_\_\_\_  
Approved by/Date

Income Verified by Staff: \_\_\_\_\_ Verified Source: \_\_\_\_\_

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

Applicant is: Low Income \_\_\_\_\_ Non Low Income \_\_\_\_\_