

Native Village of Tununak
P.O. Box 77
Tununak, Alaska, 99681
Phone (907)652-6527 Covid Coord: (907)652-6201 Fax (907)652-6011
tnk.clerk@gmail.com

Economic Financial Assistance Program
Application (Page 1 of 3)
Deadline, October 30, 2022

Applicants: To qualify for this financial assistance, the applicant, spouse, legal adult dependent, and any child of the applicant - must be enrolled Tribal Members as of October 4, 2021. This program applies to all Tribal Members, whether living in or outside of Tununak. If you need assistance with this application, please call the COVID-19 Manager at (907)652-6527 during regular business hours.

Any person 18 years or older who cannot be claimed as a legal dependent by another adult must apply for their own assistance separately.

The Economic Financial Assistance amount will be \$2,000 for each qualified tribal member. Please allow up to two weeks for processing time. For the Tribal Members living outside of Tununak (per address on the application), the emergency financial assistance will be mailed to the address listed below in the form of a check. Picking up checks will not be available due to COVID-19 social distancing for the safety of all concerned.

Information collected in this application will only be for Native Village of Tununak internal use only. The information contained in this form is not for distribution to any outside agency or entity.

Applicant Information

(Entering your spouse's information includes him/her in the assistance for the same location as you
(S-Self, Sp-Spouse)

(S) First Name: _____ MI: _____ Last Name (Maiden) : _____

(Sp) First Name: _____ MI: _____ Last Name (Maiden) : _____

Mailing Address: _____ Physical Address: _____

City/State/Zip: _____

Tununak Tribal Enrollment#: (S) _____ (Sp) _____

(S) SSN#: _____ Birthdate: _____

(Sp) SSN#: _____ Birthdate: _____

Phone Number: _____ Email: _____

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Applicant's Dependent Information

List your child/children who is/are under the age of 18, and legal adult dependent(s). Must be a NV of Tununak tribal member:

Name	Relationship	Date of Birth	Enrollment Number

I, _____ certify by signing below that I have physical custody/or legal guardianship of the above listed minor child/children or adult dependent. In the event of a dispute, the award will be made to the person demonstrating custodian rights by court order or other acceptable documentation. If I unlawfully claim the minor child/children, or adult dependent, then I understand that I will be subject to prosecution.

Signature

Date

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Certification of Economic Financial Assistance during COVID-19

I, _____ declare under penalty of perjury that the information in this application is true and correct and that I am the legal guardian of the children, or adult dependent(s) listed above, if any. I authorize the Tununak Tribe to use enrollment files to verify my eligibility, including my spouse, and that of my listed dependent(s). I hereby request economic financial assistance for personal, living, and family expenses due to the COVID-19 pandemic, for the following needs: *(mark all that apply)*

- ☐ Family support for educational expenses and/or childcare
- ☐ Disaster stabilization for applicants that have been laid off or had work hours reduced
- ☐ Financial assistance with mortgage, rental, and utility payments
- ☐ Food assistance
- ☐ Assistance for medical travel expenses to provide access to educational, vocational, or remote work opportunities
- ☐ Technology-related expenses to provide access to educational, vocational, or remote work opportunities
- ☐ Cleaning supplies and personal protective equipment
- ☐ Assistance for subsistence activities
- ☐ Other, please specify: _____

I understand that this application is need-based due to increases of cost of living, shortages of supply, increased bills due to homestay orders and quarantine as well as income limitations caused by the COVID-19 pandemic. The following documentation can be provided in support of the above application: proof of hardship (anything from employer saying hours reduced, last check stub, etc.), medical documentation, or copies of utility bills, mortgage statements. With my signature below, I declare that all the above statements are true and accurate.

Signature

Date

*No check will be released until this form is completely filled out and supporting documents received by (Native Village of Tununak). The application can be submitted to tnk.clerk@gmail.com or address/fax number listed on the first page.

Tribal Council Staff have reviewed and verified this application:

Signature

Date

Signature

Date

Office Use Only