



COVID-19 RELIEF FUND DISTRIBUTION APPLICATION

(All fields must be fully completed and legible to process your application.)

Answer Required: Has your household suffered any unplanned or unbudgeted financial hardships due directly or indirectly, to the COVID-19 pandemic since January of 2021 (e.g., lost wages, increased housing expenses, medical bills, increased costs of heating fuel and utilities, increased food costs due to sheltering in place, and/or increased costs of normal goods and services? **Yes** **No**

Are you filling out this application as the: Tribal Citizen Parental Guardian/Conservator

If you are not the Tribal Citizen and filling out this application on behalf of a Tribal Citizen, please print your name and relationship to the Tribal Citizen: _____/_____.

Full Name of Tribal Citizen			Date of Birth	
Mailing Address	Address	City/State	Zip Code	
Physical Address	Address	City/State	Zip Code	
Phone Number			Alt. Phone Number	
Email Address			T-Shirt Size	

TRIBAL CITIZEN LINEAGE

Tribal Citizen Parent's Name		Other Parent	
Tribal Citizen Grandparent			

TRIBAL CITIZEN DEPENDENTS

Dependent Child's Name	Date of Birth	T-Shirt Size

(Attach an additional page as needed.)

I certify that the information contained in this application is true and accurate. (The information provided on this form is subject to verification. Failure to provide accurate and truthful information could subject you to civil or other penalties.) You will be contacted once your application has been received to verify information and confirm payment distribution method. Completed applications will be accepted **no later than December 31, 2021**, using one of the following methods:

Mail:
Chickaloon Village Traditional Council
PO Box 1105
Chickaloon, Alaska 99674

In-Person (Drop Box Only):
Ceghaznae Hwnax
9255 N Glenn Hwy
Palmer, Alaska 99645

Email:
cvadmin@chickaloon-nsn.gov
Fax:
(907) 745-0709

Applicant Signature

Date

SEE NEXT PAGE FOR ADDITIONAL SERVICES CVTC MAY PROVIDE

Applicant Name: _____

The following information is asked because we may have additional funds of support to offer, and to determine your eligibility in receiving additional funds. You may be asked to provide additional documentation based on your answers below. (These funds are not guaranteed as part of the application process. Elder needs will be prioritized first.)

HOUSING

Do you own or rent a home? Own Rent
Are you currently in arrears on your house payments or rent? Yes No

If yes, how many months in arrears is your rent/mortgage?	Total Owed:

UTILITIES

Are you currently in arrears on any utilities? Yes No

If yes, utility type (electric, heating fuel, sewer, water, internet, etc.)?	How many months in arrears?	Total Owed:

(Attach an additional page as needed.)

Do you currently have internet in the home? Yes No

EMERGENCY/URGENT NEEDS

Are you in need of emergent home repairs (e.g., roof repairs, heating system repairs, etc.)? Yes No

If yes, type of repairs needed:	Estimated Cost:

Are you in need of any counseling or other supportive services? Yes No

Are you in need of any food, health supplies, or protective equipment (masks, test kits, etc.) Yes No

If yes, please specify your needs:

TRAINING OPPORTUNITIES

CVTC can provide free training opportunities, please let us know what interests you (check all that apply):

- Microsoft Word Microsoft Excel Microsoft Outlook
- Grant Writing CPR/First Aide (Red Cross Online Training
- Ahtna Language Scholarships to University of Alaska Anchorage (Online classes)
- Ahtna Language Online Classes via Zoom

Please visit www.udemy.com or describe other educational opportunities of interest:

<i>This section for CVTC Office Use Only</i>	
Date Received: _____	Original to Accounting: _____
Eligibility Reviewed by Council Secretary: _____	Copy to Executive Assistant: _____