

# Native Village of Port Heiden

## 2022 COVID-19 Relief Program /Assistance Application for tribal enrolled members as of December 31, 2021

**APPLICATION DEADLINE IS APRIL 29, 2022 AT 5:00 PM**

This form will be used for internal use only. The information contained in this form is not for distribution to any outside agency or entity.

**Applicants:** To qualify for this financial assistance, an applicant, must be an enrolled member of the Native Village of Port Heiden **AS OF DECEMBER 31, 2021**. We request the head of household to complete and certify this application. Honorary members are not eligible.

**Applicant**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Native Village of Port Heiden enrollment number \_\_\_\_\_

Please list each Enrolled Tribal Member of your household. **To be eligible for the distribution a member must have been enrolled as an NVPH Tribal Member on December 31, 2021.**

Name	Relationship	Date of Birth	Last 4 of SSN	Enrolled before Dec 31, 2021? (y/n)

Is applicant the head of household? \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby request the following assistance:

- Heating, fuel, or water
- General Welfare Disaster Assistance (temporary, reasonable, and necessary assistance for personal, living, and family expenses due to the COVID-19 pandemic as of March 1, 2020)
- Disaster stabilization for applicants that have been laid off or had work hours reduced
- Financial assistance with mortgage, rental, and utility payments
- Food assistance
- Cleaning supplies and personal protective equipment

I certify that I need assistance due to the COVID-19 pandemic. I will use the assistance to supplement my necessary expenses such as paying for rent/mortgage payments, utilities, heating fuel or food. I understand that this application is based on need.

I \_\_\_\_\_ certify by signing, below, that I have physical custody or legal guardianship of the minor dependents list above. In the event of a dispute, I understand that Native Village of Port Heiden will make the membership payment of minor dependents *pro rata* to the person(s) demonstrating custodianship by court order or other acceptable documentation. I further certify, under penalty of perjury that the information contained in this application is true and that I authorize the Native Village of Port Heiden to verify my eligibility and each of the persons I have listed, above. With my signature, I declare under penalty of perjury that all the above statements are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### COMPLETED APPLICATION

Applicants may email signed documents to [admin@portheidenalaska.com](mailto:admin@portheidenalaska.com) or drop off at the village office. Office phone number is (907) 837-2296.