

CURYUNG TRIBAL COUNCIL

P.O. Box 216 – 715 Seward Street
Dillingham, AK 99576
Phone: (907)842-2384
Fax: (907)842-4510

2022 COVID-19 Public Health Emergency Assistance & Disaster Relief Program ***Read this page completely before filling out and turning in the application.***

Curyung Tribal Council is now accepting applications for the COVID-19 Public Health Emergency Assistance & Disaster Relief Program, individual financial assistance provided via the American Rescue Plan Act funding. This program is designed to help families with increased costs or loss of income due to the COVID-19 Public health emergency.

Any living, Curyung Tribal Council citizen enrolled on or before February 10, 2022, who has experienced a financial hardship due to the COVID-19 global pandemic is eligible for \$1,600 in individual assistance.

There will be two payment options, of which you may select one. You may choose a full direct payment, which will be made via check to the main applicant, **OR** you may choose a direct vendor payment.

For direct vendor payments, you may choose one (1) or two (2) vendors who will be paid via check. When selecting two vendors, the assistance will be split evenly between those 2 vendors.

All vendor accounts requested must be in the main applicant's name with current statements provided.

If the required documents are not submitted with your application, your application will be incomplete.

Incomplete applications will remain pending until all required documents are submitted to Curyung Tribal Council. Applications that are not completed by the deadline will be denied.

If you are not a Curyung Tribal Citizen but are applying on behalf of minors or dependents who are, please provide your information as the main applicant, put N/A under "Enrollment Number" and list dependent information below.

Applications must be submitted to Curyung no later than 4:30 PM Alaska time on April 8, 2022.

Applications that are incomplete as of April 8, 2022, will be denied.

Required Documents: (Must submit documents regardless of being approved for previous programs)

Current Valid ID (State ID, Driver's License, US Passport, Curyung Tribal ID)

For direct vendor payments, provide applicable documents:

Current Heating Fuel Statement

Current Mortgage Statement

Current Electric Statement

Rental/Lease Agreement &
W9 filled out by Landlord

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Name:* _____ Date:* _____

First MI Last Suffix

Date of Birth:* _____ Enrollment Number:* _____

Phone Number:* _____ Email Address:* _____

Mailing Address:* _____

City* State* Zip Code*

Additional Tribal Dependents in your Household:*

First and Last Name	DOB	Enrollment Number

For Application including Dependents:*

Is/are the child/ren subject to a court order regarding custody? Yes No **If so,** State or Tribal

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

Signature of Applicant

Date

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Please indicate below if you would like direct vendor(s) payment or a full direct payment:*

Full Direct Payment (A check will be written to main applicant)

Or, you may select 1 or 2 vendors. If you select 2, assistance will be split 50/50 between the vendors:*

Mortgage – Provide mortgage statement

Rent – Provide current rental agreement **and**
a W9 filled out by your landlord

Heating fuel – Provide current statement

Electricity – Provide current statement

Please provide a copy of your valid ID and all other applicable documents

Certification of Negative Economic Impact:*

(please indicate all the impacts by initialing all boxes that apply to your personal situation)

Loss of income (job loss, business closures, furlough, layoff, unable to work full or part-time)

Increased costs of health precautions and/or health care

Increased cost of food and nutrition

Added cost for personal and household safety and protection from COVID-19 (PPE, sanitation, etc.)

Increased cost of living due to COVID-19 (added costs of utilities, etc.)

Added costs of dependent care (distance/online learning, child-care, health and wellness, etc.)

Certification:*

By signing below I, _____ certify that the above information is true and correct to the extent of my knowledge, and that I am a Curyung Tribal citizen or applying for a Tribal citizen on their behalf. Please note that false certifications may subject the applicant to federal prosecution and recoupment of funds.

Signature of Applicant

Date