





**Native Village of Eklutna**

# Application for Covid-19 Relief

For Full and Adoptive Eklutna Tribal Members

*This information is confidential. General or un-identifying statistics may be collected for reporting and budgeting.*

**Applicant Income:** \_\_\_\_\_ per month; \_\_\_\_\_ per year  
**Estimated Income, other Household Members:** \_\_\_\_\_ per month; \_\_\_\_\_ per year  
**Total Household Income:** \_\_\_\_\_ per month; \_\_\_\_\_ per year

**C. PROOF OF OTHER ASSISTANCE:** If you received other Coronavirus Relief assistance, provide details below. NVE may contact you for further information to ensure compliance with Cares Act guidelines. If you need rental assistance and received rental assistance from another source, you must specify who paid, when, what the amount was, and for what month(s) it covered.

**D. ANSWER SURVEY:** Cares Act funds must be used for necessary expenses in response to the impacts of Covid-19. NVE has identified key allowable items. **Please mark or check all items you could use the funds for if more money were available.** This information will help identify what Tribal Members need most so the tribe can budget for and pursue additional funding.

- Mortgage/Rent/Lease       Water/Sewer/Refuge       Electricity/Home Gas or Fuel
- Phone Bill       New Phone/Service       iPad/Tablet/Computer
- Internet Service       Face Masks       Plastic Gloves
- Disinfectants       Sanitizers       Other Cleaners and Products
- Over the Counter meds       Subsistence Net or Tools       Childcare, licensed or family
- Electronic Supplies/Devices       Other, specify: \_\_\_\_\_

The Tribe may be able to acquire supplies for those in the local area. **Please identify items that you need.**

- Face Masks       Plastic Gloves       Disinfectants, Sanitizers       Personal Care Products
- Other Cleaners       Food Baskets       Traditional Meat       Traditional Fish/Salmon
- School Supplies       Electronic Supplies/Devices       Other, specify: \_\_\_\_\_

**E. EXPLAIN WHY YOU NEED ASSISTANCE:** Check all boxes that apply to you.

- Lost Job / Need Job       Employer Business Closed       Reduced Income or Work Hours
- Overcrowded living       Internet or Phone needed for School or Work       Rising prices
- Quarantine /exposure/test/travel       At risk health conditions       Limited transportation
- Increased costs to facilitate healthy mental/physical activities due to social distancing requirements

**F.** Every person has a different story and experience. The check boxes above only cover common impacts and does not include every situation. **Please ATTACH a statement in your own words** describing how the pandemic (COVID-19) caused you hardship and why financial assistance is a necessary response. **If you need help with writing this statement or have questions, please contact NVE for assistance.**



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**G. Your total Covid-19 assistance from NVE may not exceed \$500 for the year.** NVE will issue payments to eligible applicants or their vendors only if proof of need and eligibility are submitted to NVE. This will be critical for meeting audit and compliance requirements. **NVE does have discretion to provide extra assistance to applicant's whose income is significantly below the Median Family amount.**

**H. How You Will Use Covid-19 Cares Act Funds.** Please list. You must attach a copy of your bill, invoice, formal estimate, store cancelled receipt, shut-off notice, or other proof of cost.

<u>\$ Amount</u>	<u>Name of Payee or Store</u>	<u>Account Number</u>	<u>Address or Other Helpful Info</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Your Name:** \_\_\_\_\_

### FOR NATIVE VILLAGE OF EKLUTNA OFFICIAL USE ONLY

Date Application Received: \_\_\_\_\_ by: \_\_\_\_\_ **3-Business-Days Response Required**

Date Application Reviewed \_\_\_\_\_ by: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does the application include all the necessary backup documents? \_\_\_\_\_

Does the applicant meet income eligibility? \_\_\_\_\_

What are the **reasons for ineligibility**? \_\_\_\_\_

Has the applicant adequately documented COVID impact? \_\_\_\_\_

Dates of follow up with applicant: \_\_\_\_\_ Approved:\_\_\_ Delayed:\_\_\_ Denied:\_\_\_

\_\_\_\_\_ Approved:\_\_\_ Delayed:\_\_\_ Denied:\_\_\_

\_\_\_\_\_ Approved:\_\_\_ Delayed:\_\_\_ Denied:\_\_\_

\_\_\_\_\_ Approved:\_\_\_ Delayed:\_\_\_ Denied:\_\_\_

**NOTE PAYMENTS MADE IN FILE:** Date, Credit Card Charge, Check Number, Payee, Amount