

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 Name:	
Applicant Address:	
Applicant Phone:	Applicant Email:
Applicant SSN:	Tribal Member Status: 🛛 Full Tribal Member
Number in Household:	Adoptive Tribal Member 🛛 Legal Guardian
	Please provide proof of family relationship and guardian status.

B. PROOF OF INCOME: To meet the "Financial Need" qualification, you must submit proof of income documents for yourself. Examples include paystubs, documents from social security, public assistance, unemployment, permanent fund, ANCSA corporation, employer, and tax records. NVE uses NAHASDA (Indian HUD) Income Eligibility Guidelines.

		2021 U.S. Median Family Income		y Income	79,900				
u		1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
8	80%	\$ 44,744	\$ 51,136	\$57,528	\$ 63,920	\$ 69,034	\$ 74,147	\$ 79,261	\$ 84,374
10	00%	\$ 55,930	\$ 63,920	\$ 71,910	\$ 79,900	\$ 86,292	\$ 92,684	\$ 99,076	\$ 105,468

	2021 Median Family Income		93,900		Alaska			
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$ 52,584	\$ 60,096	\$ 67,608	\$ 75,120	\$ 81,130	\$ 87,139	\$ 93,149	\$ 99,158
100%	\$ 65,730	\$ 75,120	\$ 84,510	\$ 93,900	\$ 101,412	\$ 108,924	\$ 116,436	\$ 123,948

	2021 Median Family Income		104,300 Anchorage					
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$ 58,408	\$ 66,752	\$ 75,096	\$ 83,440	\$ 90,115	\$ 96,790	\$ 103,466	\$ 110,141
100%	\$ 73,010	\$ 83,440	\$ 93,870	\$ 104,300	\$ 112,644	\$ 120,988	\$ 129,332	\$ 137,676

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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 <u>necessary expenses in response to the</u> <u>impacts of Covid-19</u>. 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	\Box Other Cleaners and Products		
\Box Over the Counter meds	□ Subsistence Net or Tools	Childcare, licensed or family		
Electronic Supplies/Device	es 🛛 Other, specify:			
The Tribe may be able to acquire sup	plies for those in the local are	a. Please identify items that you need.		
 Face Masks Other Cleaners School Supplies Plastic Glov Food Baske Electronic Structure 				
E. EXPLAIN <u>WHY</u> YOU NEED	ASSISTANCE: Check all bo	oxes that apply to you.		
□ Lost Job / Need Job □ Emp	oloyer Business Closed	\square Reduced Income or Work Hours		
\Box Overcrowded living \Box Inte	ernet or Phone needed for Sch	nool or Work 🛛 Rising prices		
□ Quarantine /exposure/test/trave	l 🛛 🗌 At risk health conc	litions 🛛 Limited transportation		
_		due to social distancing requirements		
		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>	Name of Payee or Store	<u>Account Number</u>	Address or Other Helpful Info
Signature of	Applicant:		Date:
Please Print	Your Name:		

FOR NATIVE VILLAGE OF EKLUTNA OFFICIAL USE ONLY

Date Application Received :	by:	3-Business-l	Days Respons	se Required
Date Application Reviewed	by:,	,		
Does the application include all the necessar	ary backup documents?			
Does the applicant meet income eligibility?	?			
What are the reasons for ineligibility ?				
Has the applicant adequately documented C	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