



NATIVE VILLAGE OF KOTZEBUE
KOTZEBUE IRA

American Rescue Plan Act Financial Assistance Application

The Native Village of Kotzebue is pleased to announce a distribution of financial assistance for members negatively impacted from the COVID-19 Pandemic. Tribal members who are enrolled as of October 19, 2021 are eligible for Emergency Financial Assistance. Tribal members that have dual enrollment with another tribe will not be considered. If you are a new enrollee to the NVOK and were enrolled with another tribe as of May 1, 2021 and received ARPA financial assistance from your previous tribe, you will not be considered. You must be 18 years old to apply.

Please complete this application and submit to the Tribal Office no later than Friday December 31 at 4:30 p.m. or Postmarked on December 31, 2021

***A Separate Application is required for each Adult 18 and over
Incomplete Applications will not be considered***

APPLICANT INFORMATION

First & Last Name: _____

Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Telephone Number: _____ Date of Birth: _____

Email Address: _____ If Applicant is **not** a tribal member, please explain:

ENROLLED MINORS COVERED IN THIS APPLICATION:

FIRST, MIDDLE, LAST NAME (include enrolled name if different)	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TRIBAL MEMBER?



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FIRST, MIDDLE, LAST NAME (include enrolled name if different)	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TRIBAL MEMBER?

Please check all need and circumstances that apply due to the COVID-19 public health emergency starting March 3, 2021 to be covered by this application:

- Layoff or furlough from job or inability to gain employment
- Daycare, school or educational institution closure
- Subsistence needs such as ammunition
- Gas
- Utilities
- Funeral expenses
- Phone or Internet bill
- Increase in groceries costs
- Health and safety precautions, cleaning supplies
- Rent or Mortgage
- Other _____

TOTAL AMOUNT REQUESTED to cover COVID-19 related needs of each eligible applicant:

_____ *(May not exceed \$2,000 per tribal member)*



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APPLICANT CERTIFICATION

I, the undersigned applicant, hereby certify under penalty of perjury, that all information in this Application is true and correct to the best of my knowledge, information and belief.

I understand that any funds I receive as a result of this application must be used to address negative economic impacts I have experienced since March 3, 2021 that were caused by the COVID-19 pandemic. I certify that the economic harm I have experienced due to the COVID-19 pandemic will not be covered by the American Rescue Plan Act (ARPA) funds from any other source, and that I will not apply for ARPA funds from any other source for costs, expenses, or other losses that are covered by funds received from this application. I understand that I may be required to reimburse the Tribe or the U.S. government for payments made to me for any misuse of funds or based upon any inaccurate statements or material omissions that I make in this application. **The Tribe reserves all rights under law to recover funds paid by mistake of law or fact.** I agree to assist the Tribe in verifying any of the information I submit in this application, upon reasonable request. I certify that I was not enrolled with another Tribe as of May 1, 2021 and have not received ARPA financial assistance from another Tribe. I understand that if my application is denied, I may request a copy of the Dispute Resolution procedure from the Tribe.

Signature of Applicant (Includes legal parent of child under 18)

Date

If the person completing this Application is a guardian or custodian of a child under 18, or is the guardian, conservator, or power of attorney of an adult tribal member, please attach supporting verification.

For more information, please call 442-3467 or 800-442-3467 or visit our website at www.kotzebueira.org
Please submit your completed application to 600 5th Avenue or send to P.O. Box 296 Kotzebue, AK. 99752

For Office Use Only:		
Date Application Received: _____	Payment is approved: _____	Payment is denied: _____
Partially Approved or Denied (<i>explain</i>) _____		
Approving Officer:		
_____ Signature	_____ Name and Title	_____ Date