



ORGANIZED VILLAGE OF KASAAN

P.O. BOX 26 - KXA
(907) 542-2230



KASAAN, ALASKA 99950-0340
(FAX) 888-388-4480

Family Home *Utility* Reimbursement Program

This is a one-time, needs-based program that will provide up to \$500 per tribal citizen household with an unexpected reduction in income and increased family expenses due to the COVID-19 pandemic.

Tribal citizens who were enrolled with OVK on or before 9/20/2021, who are 18 years or older are eligible to apply on behalf of their household, including those who are not living in Kasaan.

Application Deadline: November 30, 2021

CARES Act Financial Assistance Instructions

Section 1. Applicant Information

- PROVISIONS FOR OVK ENROLLED MINOR CHILDREN: Minor children under the age of 18 who are enrolled in the Organized Village of Kasaan as of 09/20/2021, whose legal guardians are non OVK Tribal Citizens are also eligible for this program. The non OVK Tribal Citizen may apply on behalf of the Minor Child, but must provide documentation proving guardianship of the child, such as certificate of adoption, adopted birth certificate, or foster parent documentation. Only one application per household shall be permitted regardless of how many OVK enrolled minor children live in the household.
- Provide name and any previous names used.
- Provide OVK enrollment Number.
- Provide date of birth.
- Provide current mailing address.
- Provide the physical household address.
- Provide the phone number and email address where LaNeice Congdon – COVID Relief Manager, can reach you.
- List all individuals living in the household.

Section 2. Eligible Expenses

- You are applying for the Family Home & Utility program assistance.
 - MORTGAGE
 - RENT
 - UTILITIES: Internet, Water/Sewer/Garbage, Electricity, Heat
 - ESSENTIAL APPLIANCE: Washer, Dryer, Hot Water Heater, Refrigerator, Freezer
- You *must* provide proof of costs.
- Include rental lease outlining your monthly rent or a mortgage statement.
- If you do not have a lease or mortgage statement, you may provide a utility bill (e.g., electric, oil, appliance receipt, etc.).
- Costs must be incurred between April 1, 2020, to September 30, 2021.

Section 3. Payment information

- Your check will be mailed to you, or hand delivered.
- Print the name you want the check to be made out to.

Section 4. Certification

- Check each box and sign the bottom of the page.

Family Home *Utility* Reimbursement Program Application

This is a one-time, needs-based program that will provide up to \$500 per tribal citizen household with unexpected reductions in income and increased family expenses due to the COVID-19 pandemic.

Section 1. Applicant Information

☐ I am filing this application as a tribal citizen. ☐ I am filing this application on behalf of a minor tribal citizen.

PROVISIONS FOR OVK ENROLLED MINOR CHILDREN: Minor children under the age of 18 who are enrolled in the Organized Village of Kasaan as of 09/20/2021, whose legal guardians are non OVK Tribal Citizens are also eligible for this program. The non OVK Tribal Citizen may apply on behalf of the Minor Child, but must provide documentation proving guardianship of the child, such as certificate of adoption, adopted birth certificate, or foster parent documentation. Only one application per household shall be permitted regardless of how many OVK enrolled minor children live in the household.

| | | | |
|-----------------------------|------------------------------|--------------------------------|-------------------|
| Name: (Last, Middle, First) | Other Names: (if applicable) | Date of Birth: | OVK Enrollment #: |
| Physical Address: | Mailing Address: | Home Phone: Cell Phone: | Email address: |

Household Information (List all individuals, tribal citizens & nontribal citizens, living in your household).

| | | |
|----------|---------------------|------------|
| 1. _____ | Relationship: _____ | Age: _____ |
| 2. _____ | Relationship: _____ | Age: _____ |
| 3. _____ | Relationship: _____ | Age: _____ |
| 4. _____ | Relationship: _____ | Age: _____ |
| 5. _____ | Relationship: _____ | Age: _____ |
| 6. _____ | Relationship: _____ | Age: _____ |
| 7. _____ | Relationship: _____ | Age: _____ |

Section 2. Eligible Expenses

I certify that I have been financially impacted by COVID-19 by:
(Choose 1 or more of the following expenses)

- ☐ MORTGAGE
- ☐ RENT
- ☐ UTILITIES: Internet, Water/Sewer/Garbage, Electricity, Heat
- ☐ ESSENTIAL APPLIANCE: Washer, Dryer, Hot Water Heater, Refrigerator, Freezer

Please attach proof of (e.g., mortgage or rent statement, utility bill, receipt for purchase).

| | | |
|----------------------|------------|--------------|
| 1. attachment: _____ | Date _____ | Amount _____ |
| 2. attachment: _____ | Date _____ | Amount _____ |
| 3. attachment: _____ | Date _____ | Amount _____ |

Expenses must have been incurred between April 1, 2020, and September 30, 2021. Financial Assistance is awarded for expenses that have already been paid and is not for forecasted or anticipated expenses.

| | |
|-------------------------|--------------------------|
| Total amount requested: | Description of hardship: |
|-------------------------|--------------------------|

Section 3. Payment Information

All reimbursements will be paid by check from the Organized Village of Kasaan. Checks will be made out to the Following person.

| | | |
|--------------------------------------|-------------------|----------------|
| Legal Name: (as shown on tax return) | Social Security # | Telephone # |
| Mailing address: | Physical Address: | Email address: |

Section 4. Certification

- ☐ I certify that I am a United States citizen
- ☐ I certify that I am submitting this form to the Organized Village of Kasaan to request relief from financial impacts caused by the COVID-19 pandemic on behalf of my household.
- ☐ I certify that I will notify the Organized Village of Kasaan if my costs change and allow the Organized Village of Kasaan to reevaluate my application.
- ☐ I acknowledge that these one-time funds may impact other assistance programs as it may be counted as unearned income.
- ☐ I certify that the address and contact information I have listed is current, and I consent for OVK Enrollment Department to use the address and contact information to update my enrollment file if necessary.
- ☐ By signing below, I affirm everything documented on or attached to this form is true and accurate.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

How to Apply

| | | |
|--|-------------------------------------|---|
| Mail: Organized Village of Kasaan ATT: LaNeice Congdon PO Box 26-KXA Kasaan, AK 99950 | Email: laneice@kasaan.org | Fax: 888-388-4480 ATT: LaNeice Congdon |
|--|-------------------------------------|---|

For official use only

| | | |
|----------------|-----------------------|------------|
| Date received: | Authorized Signature: | Date Paid: |
|----------------|-----------------------|------------|