



Craig Tribal Association

P.O. Box 828

Craig, Alaska 99921

Tel: 907-826-3996

Fax: 907-826-3997

2020 GENERATOR APPLICATION

GUIDELINES

- ◇ Applicant must be a CTA Tribal Member or the parent/legal guardian of a CTA Tribal Member
- ◇ Applicant must be able to indicate a qualifying need for a generator to address current COVID-19 Pandemic
- ◇ Only one application allowable per household
- ◇ If approved, Applicant must certify that he or she will not sell the generator for personal financial gain within one year of receiving or he or she will be subject to pay back the Craig Tribal Association in the total amount the generator was purchased for
- ◇ If approved, Applicant must be present and able to come get the generator from the Craig Tribal Association
- ◇ Complete applications will be processed in the order that they are received
- ◇ **If you reside in the Klawock Senior Center or old Craig Senior Center you do not qualify due to the already existing backup generators provided for both buildings**
- ◇ **If you are claiming "homeless" you do not qualify**

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Maiden Name: _____ Phone Number: (_____) _____

Mailing Address: _____ City/State/Zip: _____

Physical Address: _____ City/State/Zip: _____

Birth date: _____ Email Address*: _____

*Opting into our electronic database for any CTA related news.

ALL Household Members (all individuals, non-native included) and relationship:

_____, Self _____

Is applicant the head of household?

Yes No

Please describe below your need for a generator that explains how to limit your exposure to the current COVID-19 Pandemic:

CERTIFICATION

I, _____, hereby certify that I have read and fully understand all of the guidelines listed on this application. I certify that I am a member of the Craig Tribal Association or the legal guardian of a Craig Tribal Association Tribal Member that is under the age of 18.

With my signature below, I declare that all of the information provided in this application are true and correct. Furthermore, I certify that the purposes intended with this generator distribution are to limit my exposure to the COVID-19 Pandemic.

Applicant Signature

Date

OFFICE USE ONLY

CERTIFICATION OF COMPLETENESS

Signature

Date

APPLICATION QUALIFICATION

Authorizing Signature

Date