



Craig Tribal Association
P.O. Box 828
Craig, Alaska 99921
Tel: 907-826-3996
Fax: 907-826-3997

2020 Cares Act Financial Assistance Application Application Requirements

The Craig Tribal Council and Administration are aware of the economic impacts that our Craig Tribal Members are experiencing due to this unfortunate COVID-19 pandemic. At the regular Tribal Council Meeting on August 11th the Tribal Council has allocated a portion of the CARES Act funds in order to provide a one-time direct emergency financial assistance to our Craig Tribal Member households. *These funds are intended to supplement basic needs such as paying for rent/mortgage payments, utilities, heating fuel, and or essential foods.*

The following are the requirements set forth in order to qualify for funding:

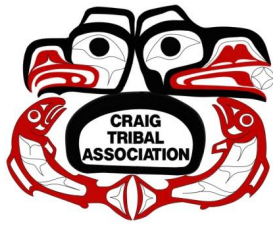
- Only **one application** can be submitted **per Craig Tribal Member household**
- Application must be filled out *completely* with required signature and certification
- A copy of applicant's current photo ID is required to accompany application
- Applicant must show at *least* one proof of residency
 - *Residency proof may include:
 - Copy of utility bill demonstrating Physical Address,
 - Landlord Verification, **or**
 - Homeless Verification Form
- A Legal Guardian who is a Non-Tribal Member applying for assistance on behalf of a Tribal Member under the age of 18 must provide a completed W-9 Form
- Applications will be reviewed and processed in the order that they are received

Application must be submitted to assttribaladmin@craigtribe.org or mailed/faxed to info above
PAPERWORK MUST BE SUBMITTED NO LATER THAN SEPTEMBER 30, 2020

**CERTIFICATION OF COMPLETENESS
FOR OFFICE USE ONLY**

Authorizing Signature

Date Certified



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2020 Cares Act Financial Assistance Application

This form will be used for Craig Tribal Association (CTA) internal use only. This information contained on this form is not for distribution to any outside agency or entity.

Applicant Information

First Name: _____ MI: _____ Last Name (Maiden): _____

Other Last Names Used: _____ 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.

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

How has Covid-19 affected me or my family?

Is applicant the head of household? Yes No

Certification of Emergency Assistance during COVID-19

I, _____ certify that I am a member of Craig Tribal Association or the legal guardian of a Craig Tribal Association Tribal Member that is under the age of 18. I hereby request

One-time \$1500 distribution in accordance with completeness of application and all required documentation and attachments.

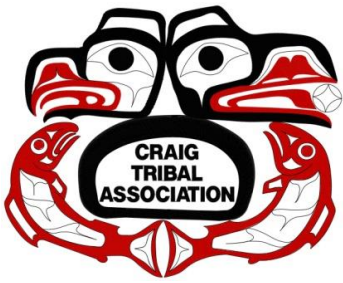
I will use the assistance to supplement my basic expenses such as paying for rent/mortgage payments, utilities, heating fuel or essential food. With my signature below, I declare that all the above statements are true and accurate.

 SIGNATURE

 DATE

No check will be released until this form is completely filled out and received by CTA. Application can be submitted to assttribaladmin@craigtribe.org or mailed/faxed to info above.

PAPERWORK MUST BE SUBMITTED NO LATER THAN SEPTEMBER 30, 2020.



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LANDLORD VERIFICATION FORM

1. Name of Landlord _____
2. Address _____
Phone No. _____

TENANT INFORMATION

1. Name _____
2. Physical Address _____
Phone No. _____

Date Moved In _____ Move Out/Lease Expiration _____
Monthly Rental Payments (If any) _____ Monthly Utility Payments (If any) _____

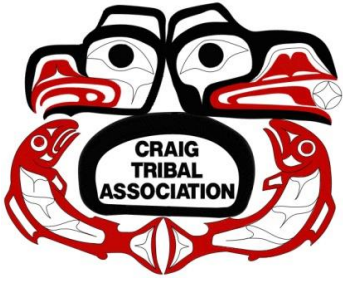
By signing this form, I certify that the above information is true and correct, to be used only for the purposes of the Craig Tribal Association 2020 Cares Act Financial Assistance Application requirements.

Signature of Landlord

Signature of Tenant

Date Signed

Date Signed



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HOMELESS VERIFICATION FORM

Applicant Name _____ Date _____

City & State of Residence _____

What is your Current Living Situation? Please check:

- Emergency Shelter
- Transitional or Supportive Housing
ie: a room or apartment in a residence with supportive services
- Sub-Standard Housing not fit for human habitation
ie: living in vehicle, abandoned building, building without utilities
- Eviction from private dwelling and other means of housing has not yet been identified
- Transient Living
ie: temporary shelter with family/friends
- Required Work Residency
ie: logging camps, fishing vessels, ect.

By signing this form, I certify that the above information is true and correct, to be used only for the purposes of the Craig Tribal Association 2020 Cares Act Financial Assistance Application requirements.

Signature of Applicant

Date Signed