

Craig Tribal Association
P.O. 828
Craig, Alaska 99921
Tel: [907-826-3996](tel:907-826-3996)
Fax: 907-826-3997

The Craig Tribal Council approved the allocation of the Housing Improvement Program funds to provide a final distribution of \$250 in utility assistance.

These funds are intended to assist to the basic need for utilities.

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

- [] Only **one application** can be submitted **per Tribal Member's Household, who live in the neighborhood of Craig, and is over the age of 18+.**
- [] Being dually enrolled will **DISQUALIFY** member of any distributions.
- [] Application must be filled out *completely* with required signature, certifications and copy of vendor account bill.
- [] Applications will be reviewed and processed in the order that they are received.

Applications can be submitted directly to our admin office at 505 Front Street downtown Craig, or to info@craigtribe.org or mailed/faxed to the info above.

PAPERWORK MUST BE SUBMITTED NO LATER THAN

December 30, 2023

Winter 2023 BIA- HIP FINAL Distribution

Applicant Information

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

Other Last Names Used: _____ Phone Number: (_____) _____

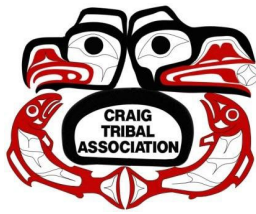
Mailing Address: _____ City/State/Zip: _____

Physical Address: _____ City/State/Zip: _____

Birth date: _____ Email Address*: _____

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

There is a second page to this application.



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Possible bill(s) that could be paid are: Electric, Propane, or Water, Sewer, & Garbage.

To receive this utility bill payment, the bill must be in the Tribal Member's name.

I, _____ certify that the following are true and accurate. I understand that any misinformation could potentially delay my application, or have my application denied.

- ☐ I certify that I am a Tribal Member of the Craig Tribal Association that is 18 years or older.
- ☐ I certify that I am not enrolled in any other tribe besides Craig Tribal Association and not enrolled in KCA, HCA, OVK, KIC, Etc.
- ☐ I certify that I am a U.S Citizen.
- ☐ I certify that I am submitting this form to Craig Tribal Association to request relief from financial impacts caused by the pandemic on behalf of myself.

ALL INFORMATION MUST BE FILLED IN, AS WELL AS ALL BOXES CHECKED ACCURATELY FOR THE APPROVAL OF THIS APPLICATION.

SIGNATURE

DATE

CERTIFICATION OF COMPLETENESS

FOR OFFICE USE ONLY

☐ Craig Tribal Member

Dually enrolled

☐ Yes

☐ No

☐ US Citizen

Approval/Denial Stamp