

BETHEL CARES ACT EMERGENCY AND DISASTER RELIEF ASSISTANCED PROGRAM APPLICATION

To be completed by Head of Household, non-member parent or guardian and individual ONC Tribal members.

C NIEMBI	BERS SAFE AND	Name:		Date:					
		Email Addı	ess:						
ALL HO	OUSEHOLD M					n (See Addendum for additional space)			
NAME			DOB	ENROLLED (Y/N)	ENROLLMENT NO.	HOME SCHOOL / PUBLIC SCHOOL			
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	Use an additional p	page if needed.							
All Ap	plicants								
			VID-19 Public personal situati		ince March 2020, plo	ease indicate all of the impacts by			
	Loss of Income	ome (job loss, business closed, furlough, layoff, unable to work full or part-time.)							
	Increased costs of health precautions and care (over age 50, disabled, underlying medical								
	conditions, etc.)							
Increased costs of living caused by COVID-19 (Difficulty paying rent/mortgage, accessing essential									
	services, etc.;	added costs of u	tilities, transpor	tation expenses, food	and nutrition, etc.)				
	Added cost for personal and household safety and protection from COVID-19 (PPE, sanitation, etc.)								
	Added costs of dependent care (distance/online learning, child-care, health and wellness, etc.)								
	Do you live in public housing? (AVCP, AHFC, CITC, etc.)								
	Other financial	hardship you h	ave personally s	uffered (please explai	n)				

	Signati	are of Applicant		Da	ate						
		your qualifications for this gra	ant.								
	mannenance metal	2 2 Supplies and old			and out a ring conditions.						
ix.	Housing maintenance including cleaning supplies and cleaning services necessary to maintain sanitary and safe living conditions.										
vii. viii.		foreclosure or eviction; and	,								
vii.	post-secondary school	r create teleworking capabilit	ties:								
ing; vi.	All expenses related to online learning and expenses to maintain and support the education needs of school-age children, including										
v.	Unreimbursed medical and	health-related expenses, in ad	ldition to costs of in	n-home care, pre	escriptions, supplements, wellness, and counsel-						
iv.	· ·	childcare services and added of									
111.		electricity, gas, propane, fire		-	_						
iii.	<u>-</u>		ome, isolate or adhe	ere to public heal	lth and Tribal government mandates and						
ii.	Personal care items such as face masks, sanitizer, hand cleaner, hygiene products, and special clothing necessary to maintain personal health and safety of oneself and others;										
i. 	Groceries, food, meals, and nutrition assistance costs necessary to sustain health and well-being;				•						
expense 2020 .	es are only those which are inc	urred by you because of the C	COVID-19 public h	ealth emergency	Funder this program may be used. Eligible y, between March 1, 2020 and December 30,						
knowled funds de and sha I agree all expe I also un	istributed by the tribe shall be ill not be spent on ineligible ex that the Orutsararmiut Native of enditures made on my behalf by inderstand that most expenditures	gly submitting false informati used for General Welfare and penses. Council must comply with the y ONC are subject to audit by res by ONC on my behalf wil	on may be consided only to purchase electrons set in the US Government of the use of the US dovernment of the use of the US dovernment of the use of the u	red a crime under ssential goods at the CARES Act ent.	ation is true and correct to the extent of my er tribal and federal law. I further agree that the and services to relieve the impacts of COVID-19 and by the US Department of Treasury, and that endors and not by cash disbursement to me.						
Ceru	ncation.										
Conti	fication:		iniua	ıı:							
	certify that I have provided more than one-half (1/2) the financial support of the dependent(s) for whom I am applying for at least six 6) months of this year and that the dependent is living with me. Initial:										
If yo	ou are applying on behalf of a	a tribal member dependent,	please provide th	e following:							
Addi	tional Information fo	r Dependent Grants									
	☐ Fuel/Utilities ☐ Fo	ood Cleaning Supplie	es								
	Elder/disabled family member care										
	Subsistence gear										
	Mortgage assistance (one	-time payment to avoid for	reclosure) (Docu	mentation requ	uired)						
	Would your household like	ke to receive a Meyers Far	m food box? (Bet	thel and surrou	nding villages only)						
	Fuel Vendor:	•	☐ Delta	☐ Vitus	☐ Out of Town:						
		(We will announce details	1 0 /								
	Utility Assistance (Water/sewer, Electric, natural gas) (one-time payment to avoid shut-off)										
	Rental assistance (one-time payment to avoid eviction) (Documentation will be required)										
•	•	C 1	1 7 1	C	or the period beginning March 20, 2020.						
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