## **CURYUNG TRIBAL COUNCIL**

P.O. Box 216 Phone: (907)842-2384 715 Seward Street Fax: (907)842-4510

Dillingham, AK 99576 covidprogram@curyung.com

## BBEDC Energy Assistance Application 2023 – Dillingham Residents Only

Applicants name must match the name on the bill.

Name of Applicant:	Date:
Phone Number:	Physical Address:
Email:	PO Box:
Number of Household Members:	B S I S T E City/State/Zip:
The funding source for this assi	ng applications for the BBEDC Energy Assistance Program. stance is the 2023 BBEDC Community Block Grant. ncome guidelines for this Energy Assistance Program.
Fuel & Electric Assistance is ope	en to all Dillingham Resident <mark>s,</mark> as defined by BBEDC.
be determined after the application	usehold. The total amount of assistance per household will deadline. The assistance can be split 50/50 between a and/or your Nushagak Cooperative electric bill or 100% to edit balance will be under review.
	Curyung Tribal Council by 4:30 PM on November 30, 2023
Copy of Valid Government Issued ID	ent Completed BBEDC Residency Verification Form Completed BBEDC Relationship Form 3 residency with BBEDC, you do not need to do so again.
	like to use and what percentages to that vendor below:
Heating Fuel Company:Account Number:	
Amount:	_ (50% or 100%)
Electric: Nushagak Cooperative Electric Account Number: Amount:	<u>Electric Account Only</u> _ (50% or 100%)
Applicant Signature:	Date:

Submit completed applications via email, fax or drop box at the Curyung main office. If you have any questions, please contact the Curyung Tribal Council.

## 2023 BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION AFFIDAVIT OF RESIDENCY

Nai	ime:	Date:	Phone:	PO Bo	x			
Phy	ysical Address:		City:		Zip:			
Pre	evious Address (if applicable):							
Нο	ow long have you lived in this commun	ity?	Residency m	ust be renewed an	nually.			
Ha	ive you been approved for BBEDC resid	dency in the past two	years? 2021	L 2022	No			
Cla Poi of a cor up res	EEDC requires that anyone seeking servarks Point; Dillingham; Egegik; Ekuk; Ekurtage Creek; South Naknek; Togiak; Twa a CDQ community resident: A person pasecutive months or more immediated to 60 consecutive days are allowable sidency of the adult(s) who claim that	kwok; King Salmon; Lewin Hills; Ugashik) unlowho has resided in an ely prior to application. The residency of any person as a depender	evelock; Manokotak; Na ess a program also serv by of the 17 CDQ commu in and continues to live in person under the age of the total product of the service o	wheek; Pilot Point; Po ves watershed resid unities for a period of in a CDQ communit of 18 years shall be on their federal ta	ents. Definition of 24 ty. Absences for the same as the x return.			
(Ex.	c.: AK Driver's License/ID Card, Military or uniteral and addition of the contract of the cont	Tribal ID card) along wit	h acceptable documentat	ion from the following	g list showing			
	AK Permanent Fund Dividend paid confirmat (pfd.alaska.gov.)	tion, prior 2 Years	Current and previous yea phone bill or other proof Community.					
	Current and previous year employment or un (W-2, check stub, statement).	nemployment records	Current and previous yea or BBNA Heating Assistan		nefit award letter,			
be a	nate, Alaska House of Representatives or accomplished in-region, or participating rticipation with a BBEDC fishing partner. ur absence:	in a seasonal commerci	ial fishery outside of the E	BBEDC CDQ region, in	cluding			
	Enrollment form or transcripts verifying full- attending school away from home.	time attendance if	Orders for active military	duty.				
	Verification of program participation from B	BEDC EET staff.	Physician letter stating no for stay.	eed for the absence and	estimated time			
	Proof of position in Alaska Senate or House	of Representatives or	Proof of required academ	•	nstration of			
	employment as staff for any such official.  Fish tickets/statements corresponding with the	the period of absence	Proof of participation wit		,			
Initial here: to confirm intention to remain a resident of the community from which you are applying.  By signing this affidavit, I warrant that I am a resident of the community from which I am applying, and I attest that the documents submitted are true and accurate to the best of my knowledge. I acknowledge that any falsification or misrepresentation of the information submitted will result in the termination of benefits and I may be required to pay back any funds that were provided by BBEDC as a result of the information provided.  APPLICANT SIGNATURE: DATE:								
~r	This form must be signed by an Au							
١١	verify that	-	-	-				
	has been 🗆 has not been (Reason	n:	)	residing in this CDQ	community for			
th	the <b>past twenty-four months</b> or(specific time period)   Residency unknown to authorized signer							
	PRINT NAME:SIGNATURE:							
	ORGANIZATION: DATE:							

## **BBEDC** Relationship Disclosure Form

A 1° 4 NT		-		
Applicant Name			Community	
Please put a check mark n to. If you are not related to			ted below that you	are related
Hattie Albecker Ugashik	Gusty Ilutsik Jr. Aleknagik	Fred T. Angasan Sr.  South Naknek	Peter Angasan, S King Salmon	Sr.
Alexander Tallekpalek <b>Levelock</b>	Justin Alto <b>Egegik</b>	Robert Heyano <b>Ekuk</b>	MaryAnn Johnson Portage Creek	1
Richard King Ekwok	Gerda Kosbruk Port Heiden	Jimmy Coopchiak <b>Togiak</b>	H. Robin Samuelse <b>Dillingham</b>	n
Victor Seybert Pilot Point	Fritz Sharp <b>Twin Hills</b>	Louie Alakayak Sr.  Manokotak	Betty Gardiner Clarks Point	
Erin Peters Naknek	NONE			
Please put a check mark n are not related to any, plea				ited to. If you
Clifford "Keggie" Tubbs		ii Staci i ie	Sei   Cna	ries Hensei
For each Officer you chec		explain the relationsh	nip.	
		Applicant Sign	ature D	ate