

CURYUNG TRIBAL COUNCIL

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Dillingham, AK 99576
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BBEDC Energy Assistance Application – Dillingham Residents Only

Name of Applicant: _____ Date: _____

Phone Number: _____ Physical Address: _____

Email: _____ PO Box: _____

Number of Household Members: _____ City/State/Zip: _____

Curyung Tribal Council is now accepting applications for the BBEDC Energy Assistance Program. The funding source for this assistance is the 2020-2021 BBEDC Community Block Grant. Due to COVID-19, BBEDC waived the income guidelines for this Energy Assistance Program.

Fuel & Electric Assistance is open to all Dillingham Residents, as defined by BBEDC.

Only one award shall be made per household. The total amount of assistance per household will be determined after the application deadline. The assistance can be divided into percentages by 10 (example 70% and 30%) between a heating fuel company of your choice and/or your Nushagak Cooperative electric bill. Accounts showing a credit balance will not qualify for assistance.

Applications must be submitted to Curyung Tribal Council by 4:30 PM on October 27, 2021.

For your application to be approved the following documentation is required:

- Current Electric Bill and/or Fuel Statement
- Completed BBEDC Residency Verification Form
- Copy of Valid Government Issued ID
- Completed BBEDC Relationship Form

**If you've already verified your 2021 residency with BBEDC, you do not need to do so again.*

Please indicate the vendors you would like to use and what percentages to that vendor below:

Heating Fuel Company: _____ **Heating Fuel Only – No Gasoline**

Account Number: _____

Amount: _____ (by percentages of 10)

Electric: Nushagak Cooperative

Electric Account Number: _____ **Electric Account Only**

Amount: _____ (by percentages of 10)

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.

2021 BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION AFFIDAVIT OF RESIDENCY

Name: _____ Date: _____ Phone: _____ PO Box _____
 Physical Address: _____ City: _____ Zip: _____
 Previous Address (if applicable): _____

How long have you lived in this community? _____ **Residency must be renewed annually.**
 Have you been approved for BBEDC residency in the past two years? 2019 2020 No

BBEDC requires that anyone seeking services be a resident of one of the 17 Bristol Bay CDQ communities. (*Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik*) **unless a program also serves watershed residents.** Definition of a CDQ community resident: A person who has resided in any of the 17 CDQ communities for a period of **24 consecutive months** or more **immediately prior to application and continues to live in a CDQ community.** Absences for up to **60 consecutive days** are allowable. The residency of any person under the age of 18 years shall be the same as the residency of the adult(s) who claim that person as a dependent (verification required) on their federal tax return.

In order to verify your residency in one of the 17 CDQ communities you **must** provide a copy of your government issued photo ID (Ex.: AK Driver's License/ID Card, Military or Tribal ID card) along with acceptable documentation from the following list showing your name & current address (**ID and additional document addresses must match a current address listed above**):

AK Permanent Fund Dividend paid confirmation, prior 2 Years (pfd.alaska.gov.)	Current and previous year rent receipt, electric/fuel/landline phone bill or other proof of maintaining a home in a BBEDC Community.
Current and previous year employment or unemployment records (W-2, check stub, statement).	Current and previous year TANF, Food Stamp benefit award letter, or BBNA Heating Assistance approval letter.

***If approved for residency in 2020, only current year documentation is required.**

If out of the CDQ community for more than 60 consecutive days, the only excusable absences are: **post-secondary purposes; military service; participation in BBEDC Employment & Training Programs; medical reasons; serving as a member of Alaska Senate, Alaska House of Representatives or staff of any such official, participating in a required academic internship that cannot be accomplished in-region, or participating in a seasonal commercial fishery outside of the BBEDC CDQ region, including participation with a BBEDC fishing partner.** To waive the 60-day requirement you must supply one of the following pertaining to your absence:

Enrollment form or transcripts verifying full-time attendance if attending school away from home.	Orders for active military duty.
Verification of program participation from BBEDC EET staff.	Physician letter stating need for the absence and estimated time for stay.
Proof of position in Alaska Senate or House of Representatives or employment as staff for any such official.	Proof of required academic internship and demonstration of inability to obtain the opportunity in-region.
Fish tickets/statements corresponding with the period of absence.	Proof of participation with BBEDC fishing partner.

Initial box 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: _____

This form must be signed by an Authorized Representative of the Village Tribal Council or the City Government

I verify that _____ is a resident of _____, and
 has been has not been (Reason: _____) residing in this CDQ community for
 the **past twenty-four months** or _____ (specific time period) Residency unknown to authorized signer

PRINT NAME: _____ SIGNATURE: _____

ORGANIZATION: _____ DATE: _____

BBEDC Relationship Disclosure Form

Applicant Name

Community

Please put a check mark next to the BBEDC Board Member(s) listed below that you are related to. If you are not related to any, please check None.

<input type="checkbox"/>	Hattie Albecker Ugashik	<input type="checkbox"/>	Margie Aloysius Aleknagik	<input type="checkbox"/>	Fred T. Angasan Sr. South Naknek	<input type="checkbox"/>	Mark Angasan King Salmon
<input type="checkbox"/>	Alexander Tallekpalek Levelock	<input type="checkbox"/>	Justin Alto Egegik	<input type="checkbox"/>	Robert Heyano Ekuk	<input type="checkbox"/>	MaryAnn Johnson Portage Creek
<input type="checkbox"/>	Kenneth Jensen Ekwok	<input type="checkbox"/>	Gerda Kosbruk Port Heiden	<input type="checkbox"/>	Jimmy Coopchiak Togiak	<input type="checkbox"/>	H. Robin Samuelsen Dillingham
<input type="checkbox"/>	Victor Seybert Pilot Point	<input type="checkbox"/>	Fritz Sharp Twin Hills	<input type="checkbox"/>	Louie Alakayak Sr. Manokotak	<input type="checkbox"/>	Harry Wassily, Sr. Clarks Point
<input type="checkbox"/>	Micheal Gottschalk Naknek	<input type="checkbox"/>	NONE				

For each Board Member you checked above, please explain the relationship.

Please put a check mark next to the BBEDC Officer(s) listed below that you are related to. If you are not related to any, please check None.

<input type="checkbox"/>	Norman Van Vactor	<input type="checkbox"/>	Helen Smeaton	<input type="checkbox"/>	Chris Napoli	<input type="checkbox"/>	Paul Peyton
<input type="checkbox"/>	Staci Fieser	<input type="checkbox"/>	None				

For each Officer you checked above, please explain the relationship.

Applicant Signature

Date