

CURYUNG TRIBAL COUNCIL

P.O. Box 216 – 715 Seward Street
Dillingham, AK 99576
Phone: (907)842-2384
Fax: (907)842-4510

2024 COVID-19 Public Health Emergency Assistance & Disaster Relief Program

Read this page completely before filling out and turning in the application.

Curyung Tribal Council is now accepting applications for the COVID-19 Public Health Emergency Assistance & Disaster Relief Program, individual financial assistance provided via the American Rescue Plan Act funding. This program is designed to help families with increased costs or loss of income due to the COVID-19 Public health emergency.

Any living, Curyung Tribal Council citizen **enrolled** on or before December 10, 2024, who has experienced a financial hardship due to the COVID-19 global pandemic is eligible for \$1,275 in individual assistance. .

For direct vendor payments, you may choose one (1) or two (2) vendors who will be paid via check. When selecting two vendors, the assistance will be split evenly between those 2 vendors.

All vendor accounts requested must be in the main applicant's name with current statements provided.

If the required documents are not submitted with your application, your application will be incomplete.

Incomplete applications will remain pending until all required documents are submitted to Curyung Tribal Council. Applications that are not completed by the deadline will be denied.

If you are not a Curyung Tribal Citizen but are applying on behalf of minors or dependents who are, please provide your information as the main applicant, put N/A under "Enrollment Number" and list dependent information below.

Apply online at www.curyungtribe.com or in person at the Curyung Tribal Council office in Dillingham.

Applications must be submitted to Curyung no later than 4:30 PM Alaska time on December 31, 2024.

Applications that are incomplete as of December 31, 2024 will be denied.

Required Documents: (Must submit documents regardless of being approved for previous programs)

Current Valid ID (State ID, Driver's License, US Passport, Curyung Tribal ID)

For direct vendor payments, provide applicable documents:

Current Utility Statement

Current Mortgage Statement

Current Phone Bill

Rental/Lease Agreement &
W9 filled out by Landlord

Weatherization Estimate

Please Email Completed Applications to the following:

Covid@Curyung.com

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Date: _____

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Date of Birth: _____ Enrollment Number: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Additional Tribal Citizens in your Household:

First and Last Name	DOB	Enrollment Number

For Application including Dependents:

Is/are the child/ren subject to a court order regarding custody? Yes: _____ No: _____

If so, State: _____ or Tribal: _____

I _____ certify by signing below that I have physical custody/legal guardianship of the above listed minor(s). In the event of a dispute, the award will be made to the person demonstrating custodial rights by court order or other acceptable documentation. If I unlawfully claim the minor child/children then I understand that I will be subject to prosecution.

Signature of Applicant

Date

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Please indicate below how you would like direct vendor(s) payments.

Please select 1 or 2 vendors. If you select 2, assistance will be split 50/50 between the vendors:

- | | |
|--|--|
| <input type="checkbox"/> Mortgage – Provide mortgage statement | <input type="checkbox"/> Rent – Provide current rental agreement and a W9 filled out by your landlord |
| <input type="checkbox"/> Utilities – Provide current statement | <input type="checkbox"/> Weatherization – Provide Estimate for materials |
| <input type="checkbox"/> Phone Bill – Provide current Statement | <input type="checkbox"/> Grocery Gift Card - Provide which store you would like a gift card to. Choices are Walmart, Costco, Sams Club, AC or Bigfoot |

Grocery Gift Card Choice: _____

Please provide a copy of your valid ID and all other applicable documents

Certification of Negative Economic Impact:

(please indicate all the impacts by initialing all boxes that apply to your personal situation)

Must Select at Least One:

- Loss of income (job loss, business closures, furlough, layoff, unable to work full or part-time)
- Increased costs of health precautions and/or health care
- Increased cost of food and nutrition
- Added cost for personal and household safety and protection from COVID-19 (PPE, sanitation, etc.)
- Increased cost of living due to COVID-19 (added costs of utilities, etc.)
- Added costs of dependent care (distance/online learning, child-care, health and wellness, etc.)

wellness, etc.) Certification:

By signing below I, _____ certify that the above information is true and correct to the extent of my knowledge, and that I am a Curyung Tribal citizen or applying for a Tribal citizen on their behalf. Please note that false certifications may subject the applicant to federal prosecution and recoupment of funds.

Main Applicant Must Sign Below:

Signature of Applicant

Date