

HOUSEHOLD INTERNET

ASSISTANCE



All Nushagak Internet customers do not need to apply as the Tribe and Cooperative are working directly to pay eligible accounts.

Quyana-



For everyone who does not have Nushagak internet Please complete an Application by Saturday.

- Must provide a copy of your Spring 2023 Service and or Hardware Invoices
- Open to Dillingham Residences- (do not have to be Tribally Enrolled)
- Applications available online and in office
- For households who switched to Starlink and have purchased hardware before June 9th please provide your receipt with your completed application



Made Available threw BBNA CDC grant

OTHER PROVIDERS

HughesNet



**STARLINK HARDWARE
INCLUDED**

Applications online:
curyungtribe.com

**CURYUNG
TRIBAL COUNCIL**

(907)842-2384
covidprogram@curyung.com
or covid@curyung.com

**Due: Saturday
June 10th
1pm**



Curyung Tribal Council

PO BOX 216

Dillingham, ALASKA 99576

(907) 842 2384

Household Internet Assistance Application 2023

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Physical Address PO Box #

City State ZIP Code

Number of Household Members: _____ Email: _____

The funding source is provided by BBNA who was awarded funding from the CDC to support Tribes public health capacity to prepare for, respond to, and recover from the coronavirus. These funds are provided to support the adoption of more reliable and affordable internet.

Internet Assistance is open to all residents of the community, Tribal and Non-Native alike

Only one award shall be made per household. In the event of limited funds, Tribes may reserve the right to serve tribal household members before non-tribal residential members. The total amount of assistance per household will be determined after the application deadline. The awarded amount may be used towards your current internet provider, signing up for internet service and/or hardware related to obtain internet access.

Applications must be submitted to the tribal office by 1:00 pm on Saturday, June 10th, 2023

Are you the head of household? YES NO If No, Name of Head of Household:
☐ ☐ _____

Are you a Curyung tribal citizen? YES NO
☐ ☐

*Curyung Tribal citizens do not need to complete the affidavit of residency.

Are you a resident of the community? YES NO Community of Residency:
☐ ☐ _____

*Non Curyung Tribal Residential members must fill out an affidavit of residency form on the next page.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

For more information, contact the Tribe at 907-842-2384 or email covidprogram@curyung.com or covid@curyung.com.

2023 AFFIDAVIT OF RESIDENCY – Curyung BBNA CDC Internet Assistance Program

Name: _____ Date: _____

Physical Address: _____ PO Box: _____

Previous Address (if applicable): _____

How long have you lived in this community? _____ Phone: _____

BBNA requires that residents seeking internet assistance be a resident of one of the 33 Bristol Bay Communities. (**Aleknagik; Chignik Bay; Chignik Lagoon; Chignik Lake; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; Goodnews Bay; Igiugig; Iliamna; Ivanof Bay; Kanatak; King Salmon; Kokhanok; Koliganek; Levelock; Manokotak; Naknek; Newhalen; New Stuyahok; Nondalton; Pedro Bay; Perryville; Pilot Point; Platinum; Portage Creek; Port Heiden; South Naknek; Togiak; Twin Hills; Ugashik**). Definition of a Bristol Bay Community resident: A person who has resided in any of the 33 communities for a period of 12 consecutive months or more immediately prior to application and continues to live in a Bristol Bay community. Absences for up to 60 consecutive days are allowable.

To verify your residency in one of the 33 Bristol Bay communities you must provide a copy of your government issued photo ID (Example: AK Driver's License/ID Card, Military or Tribal ID card) along with one or more types of acceptable documentation from the following list showing your name & current address (ID and additional document addresses must match a current address you provided above):

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

If out of the Bristol Bay Community for more than 60 consecutive days, the only excusable absences are: **post-secondary purposes; military service; 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.** To waive the 60-day requirement you must supply one of the following pertaining to your absence:

<input type="checkbox"/> Enrollment form or transcripts verifying full-time attendance if attending school away from home	<input type="checkbox"/> Orders for active military duty
<input type="checkbox"/> Proof of position in Alaska Senate or House of Representatives or employment as staff for any such official	<input type="checkbox"/> Physician letter stating need for the absence and estimated time for stay
<input type="checkbox"/> Proof of required academic internship and demonstration of inability to obtain the opportunity in-region.	

Initial here: _____ to confirm intention to remain a resident of the community from which you are applying.

By signing this affidavit, I declare 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 BBNA 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 BB community for
the **past twelve months** or _____ (specific time period) ☐ Residency unknown to authorized signer

PRINT NAME: _____ SIGNATURE: _____

ORGANIZATION: _____ DATE: _____