



Box 1090 / 200 West 5th Ave. Nome, Alaska 99762
 Direct: 907-443-2246 / Fax: 907-443-9144
covid.relief@necalaska.org

COVID-19 Income Based Emergency Welfare Assistance Application

In order to meet the immediate and critical needs of tribal members who reside in Nome, AK, NEC has instated a COVID-19 Income Based Income Based Emergency Welfare Assistance Program that is available through an application process. This program provides food, childcare, and mortgage assistance based on income eligibility and verification to individuals and families financially affected by the COVID-19 pandemic.

APPLICANT INFORMATION

First Name		Last Name	
Primary Phone		Enrollment #	
Email			
Address			
City	State	Zip Code	
Mailing Address <i>(If Different)</i>			
City	State	Zip Code	

Please attached proof of identity. A copy of a valid Tribal ID, State ID, or Driver’s License is required.

Please attach proof of income. This may include, but is not limited to, the following: 2 current pay stubs and other income earned for the month, Public Assistance, Native Corporation Dividends, Senior benefits, Child Support, Veteran Benefits, Pension Benefits, and Social Security. Applicants who are unemployed must provide proof of applying for unemployment or a certification from their past employer.

How have you been affected by the COVID-10 pandemic? Please check all of the boxes that apply.

- Loss of job Furloughed
- Reduced work hours Incurred additional/unexpected costs
- Other _____

Please attach a copy from your employer noting the above if applicable.

ASSISTANCE

All food vouchers will be provided through Alaska Commercial Company. Please check the item/s that you and your household need assistance with:

- Food
 Child Care
 Mortgage Assistance

HOUSEHOLD MEMBERS: List ALL PEOPLE living in your House/Apartment.

Name	Date at Birth			Relation to Head	Age	Sex	Social Security #	Enrollment (NEC Tribe)	Monthly Income
				Self					
Total Household Size					Total Household Income				

Applying for what months during 2020

Please check the three (3) month/s that you and your household are applying for:

- March
 April
 May
 June
 July
 August
 September
 October
 November
 December

VENDOR INFORMATION

Child Care Provider				Phone	
Address					
City		State		Zip Code	

Mortgage Lender				Phone	
Address					
City		State		Zip Code	

What are your monthly child care expenses? \$ _____

Please provide verification of expenses with a monthly child care bill, receipt, or letter from your child care provider.

What are your monthly mortgage payments? \$ _____

Please provide current verification of monthly mortgage expenses with a statement from your bank lender.

Has anyone in your household applied for COVID-19 Child Care, Food or Mortgage Assistance through any other Federal, State, or Tribal program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	

By signing, I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I do hereby certify that I have been economically affected by the COVID-19 pandemic and have incurred expenses related to child care, food, and other public health and safety needs and services. I am applying for COVID-19 Emergency Welfare Assistance to meet my/my family's basic needs.

Signature: _____ Date: _____

Print Name: _____

CERTIFICATION

On the basis of the determination set forth above, the applicant named herein is found to be:

Eligible Ineligible

Verified by: _____ Deputy Director: _____