

200 West 5<sup>th</sup> Avenue P.O. Box 1090 Nome, AK 99762 Phone: (907)443-2246

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## **Disaster Relief Program Application**

NEC offers a one-time relief assistance of up to \$240 in applicable expenses related to disaster relief for NEC Tribal Members who reside in the Nome service area and experienced loss of property due to Typhoon Merbok.

Due to limited funding, reimbursement is only available to one member per household on a first come, first serve basis. Payments will be made directly to the Tribal Member.

Photographic proof of loss must be attached to qualify for reimbursement of \$240. Please allow 14 days for processing. Completed applications can be emailed to <a href="mailto:information@necalaska.org">information@necalaska.org</a> or placed in the locked mailbox outside NEC's office building.

Applicant Name	Multiple family household?					
		Circle one:	Υ	N		
NEC Enrollment Number	IF unknown, leave Blank.	Date of Birth:				
Mailing Address	City	State	Zip code			
Email Address		Home phone #	Cell	phone #		
Total Number of people who reside in your household:						
Please provide a list of names on the back of this form.						
Payment will be made directly to the Applicant after photos and tribal enrollment is verified. Please allow 14 days for processing.						
Make check payable to:						
Mailing address:						
Please submit completed applica	ation to Nome Eskime	Community Attn. Shalby	Sinnak far ne			

How hav	ve you been affected by Typhoon M	<b>erbok?</b> Pleas	se check all of the boxes that apply.
	Loss of personal belongings		Loss of camp
	Loss of potable water		Loss of subsistence gear
	Other		Property or vehicle damage
Please at	ttach photograph(s) of loss.		
disaster d acknowle	caused by Typhoon Merbok related cos	ts. I agree to p	member. I understand disaster relief is only available for provide photographic evidence of loss of property and we basis. I am also aware payment is not automatic and
	Applicant's Signatur	e	Date
reimbu	•	Eligibility w	s information will only be used to limit vill not be affected if other household
For office	use only:		
Authorizir	ng Official Approval		Date:
Amount approved \$			Funding Source Code:
□Denied_	Reason:		
	Date		