



**KAWERAK, INC.**

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P.O. Box 948, Nome, AK 99762 ♦

Toll Free: 1-855-759-4275

Phone: 907-443-4367 Fax: 907-443-4477

Email: [WA@kawerak.org](mailto:WA@kawerak.org) Website: [www.kawerak.org](http://www.kawerak.org)

~Required Documents~

1. Valid ID, 2. Completed Application, 3. Most Recent Paystub or Self-Employment Documentation, 4. Notice of Layoff/Furlough (if available)

For Utility Assistance: Most Recent Copy of Utility Bill

For Rental Assistance: Rental or Lease Agreement

For Childcare Assistance: Most Recent Childcare Invoice or Receipt

## AK Can Do COVID-19 Rental, Utility and Child Care Assistance Application

The purpose of this program is to assist people who have been economically impacted by the COVID-19 pandemic with rent, childcare and utilities.

### Eligibility Criteria

Applicants must have been laid-off, furloughed or have other loss of income due to closures or shelter in place orders.

Applicants must have a current or imminent need for one of the following:

- Rent – past due balances from before the pandemic closures (March 15th or earlier) are not eligible. The maximum assistance allowed for rent is \$1,000. This assistance must be used to maintain current rental.
- Utility Assistance – past due balances from before the pandemic closures (March 15<sup>th</sup> or earlier) are not eligible.
- Child Care Assistance – emergency childcare, especially for “essential” workers like first responders and medical personnel.

Applicants must complete an application (this can be done over the phone) and provide necessary documentation.

### Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you applied for Public Assistance?  Yes  No      Have you applied for unemployment?  Yes  No

I am applying for:

Utility Assistance      Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Rental Assistance      Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Childcare Assistance      Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Income Sources

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Managers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ # in Household: \_\_\_\_\_

Were you:  Furloughed       Laid-off       Job Ended      Other: \_\_\_\_\_

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

Signature (may be over the phone): \_\_\_\_\_ Date: \_\_\_\_\_