# *CHINIK ESKIMO COMMUNITY*

# *Native Village of Golovin*

# *P.O. BOX 62020*

# *Golovin, Alaska 99762*

# *(907) 779-2214 Fax (907) 779-2000*

**2023 CEC - ARPA Financial Assistance Application**

**What is the ARPA Financial Assistance Program?**

In response to the pandemic, the Chinik Eskimo Community Tribal Council created a program for families who have been impacted by the coronavirus pandemic. The CEC COVID-19 Financial Assistance Program is an opportunity for qualified tribal members to apply that can show a demonstrated need for financial support during this specific crisis. CEC will disburse funds through an application process. This is a limited funding opportunity.

**Who can apply?**

Any (local or non-local) Head of Household Tribal member who established enrollment with CEC as of April 10, 2023. Head of household may complete the application on behalf of their dependents/children under 18 years of age. Individuals are encouraged to apply ASAP!

**What is the distribution process? *Thursday’s are application review and check processing on Friday’s.***

APPLICANT INFORMATION

First Name:      MI:      Last Name/maiden

Mailing address:\_      Street address:

City/State/Zip Code:\_      Enrollment Number:       DOB:

Contact #:       SSN:       email:

List ALL enrolled tribal members living in household.

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| --- | --- | --- | --- | --- | --- |
| Full Legal Name: | Relationship: | DOB: | M or F: | Social Sec. #: | Enrollment #:  (if known) |
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How has the pandemic impacted your household income? IE: reduced hours/wages, furloughed or other:

Limited travel restrictions  Increased prices in food/supplies  Lack of subsistence and/or commercial fishing harvest

Other: Please explain:

All of the above

Return application to the Chinik Eskimo Community Tribal Office, Monday – Friday, 9:00 – 4:00 PM.

***You may expedite the application process by submitting your application through email or fax***.

Email application to: [tc.glv@kawerak.org](mailto:tc.glv@kawerak.org) or by fax: (907) 779-2000

Please check all the appropriate boxes below:

**I certify that I am NOT dually enrolled to CEC and to another Tribe.**

**I certify and understand that this is a limited, one-time program for the Chinik Eskimo Community Tribal membership.**

**I certify that I am applying to replace lost wages or immediate needs resulting from the COVID-19 pandemic.**

*READ BEFORE SIGNING:*

I/we declare under penalty of perjury that the information in this application is true and correct and that I/we are the legal guardian of the dependents listed above and I/we authorize C.E.C. to use enrollment files to verify eligibility. I/we also agree to use the funds to meet personal and family needs that result from the COVID-19 pandemic as intended for this Financial Assistance Application Program.

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Applicant/Sponsor Signature Date:

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Signature of Other Adult Household Member Date:

*Please allow staff enough time to properly process all applications, we appreciate your patience!*

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| ***FOR OFFICE USE ONLY***: |
| Date Application Received: Mail out or pick up date: |
| Assistance approved: Yes or No Check number: |
| Approving Official Printed Name: Title |
| Approving Official Signature: Date: |