**Kawerak Disaster Relief Program Application (Brevig Mission and Teller)**

Kawerak is offering **one-time** disaster relief to eligible residents who experienced loss or damage to subsistence cabins, smoke houses, drying racks or outhouses from Typhoon Merbok. **Full-time residents of Brevig Mission and Teller are eligible to apply if they have not previously received disaster relief from Kawerak.** Tribal enrollment is a requirement. Please provide a copy of your tribal enrollment verification with your application. This funding is for disaster relief not covered by federal, state or other disaster funding sources; therefore, it will not be counted against any such other federal, state or other funding.



Based on eligible applicants and the limited funding Kawerak received, Kawerak will issue one award to impacted households. Multiple family households need to submit separate applications. Payments will be made directly to the Applicant and no applications will be accepted after **October 31st (no exceptions)**. Completed applications must be received by midnight Alaska Standard Time on October 31st. Kawerak prefers to make payment by Direct Deposit. Please complete the attached EFT Authorization Agreement form and return it with your application. This funding will not be considered income for state or federal public assistance programs if you are, or will be participating in those programs. This funding is not considered taxable income by the IRS.

**Completed paper applications can be emailed to** **stormrelief@kawerak.org****, faxed to 907-443-4445 or dropped off to the Tribal Coordinator in your community. If you have questions, please call Kawerak at 907-443-5231 and ask for Lena Brizuela or Jason Omedelina.**

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| Applicant Name (The payment will be made to this person.) | Multiple family household?  **Yes**  **No**  |
| Mailing Address | Other Head of Household names:(Each household must complete a separate application.) |
| City | State | Zip Code |
| I reside in:  Brevig Mission  Teller | I am tribally enrolled with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone # | Cell Phone # | Email Address |
| **How have you been affected by Typhoon Merbok?** Please check all of the boxes that apply.  TOTAL LOSS: DAMAGE TO: Subsistence Cabin  Subsistence Cabin  Outhouse  Outhouse Smoke House  Smoke House Drying Rack  Drying Rack Estimated Cost to Repair/Replace: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Land Ownership:  Leased camp-site with Native Corporation  Private Property  Native Allotment Photos of the damage is preferred, otherwise please describe loss below (attach separate sheet as necessary): |
| Please provide the names and phone number of two individuals (non-family members) who can verify the loss or damage to the property as described above. If Kawerak questions the legitimacy of this request, the below named individuals will be contacted to verify the loss or property damage described above. **Dishonesty will result in immediate disqualification**. Name Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I, the applicant, certify that the information provided is true and correct. I understand disaster relief is only available for loss or damage caused by Typhoon Merbok and only to the extent of funding availability. I further understand that Kawerak retains sole discretion regarding funding decisions and that any misrepresentations made by me on this application will automatically disqualify me from being eligible to receive funding through this effort or any future disaster relief that may become available. **I am also aware payment is not automatic and may take up to December 31st for processing**. I hold Kawerak harmless from any liability, loss or damages I may incur as a result of receiving this funding.

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Applicant’s Signature Date