



Kawerak Disaster Relief Program Application

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. Based on eligible applicants and the limited funding Kawerak received, Kawerak will issue one award PER impacted site, HOWEVER if there are multiple family cabins on one site Kawerak may consider awarding separate awards per family. A site is defined by leased campsite, campsite, owned property or native allotment. Full-time residents of the Bering Strait region in impacted communities are eligible to apply. Tribal affiliation is not a requirement. This funding is for disaster relief not covered by federal, state or other disaster funding sources; therefore, it will not be counted against any other federal, state or other funding.

Completed applications must be received by the end of business on March 24th. Payments will be made directly to the Applicant. 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 and is not considered taxable income by the IRS.

Completed applications can be emailed to stormrelief@kawerak.org, faxed to 907-443-4445 or dropped off to Kawerak Administration during regular business hours of 8am – 4:30pm or to the Tribal Coordinator in your community. If you have questions, call Kawerak at 907-443-5231 and ask for Lena Brizuela or Jason Omedelina. You can download applications online and see program details at Kawerak.org/response.

Applicant Name (The payment will be made to this person.)			Multiple cabin site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address			Other Owner on site claiming losses: (ONE application PER cabin if multiple families share ONE site)		
City	State	Zip Code			
Home Phone #		Cell Phone #		Email Address	

How have you been affected by Typhoon Merbok? Please check all of the boxes that apply.

TOTAL LOSS:

- Total loss of subsistence cabin
- Total loss of outhouse
- Total loss of smoke house
- Total loss of drying rack

DAMAGE TO:

- Subsistence cabin
- Outhouse
- Smoke house
- Drying rack

Estimated Cost to Repair/Replace: \$ _____

Land Ownership: Leased camp-site with Native Corporation Private Property Native Allotment

Description of Site Location

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 March 1, 2023 for processing. I hold Kawerak harmless from any liability, loss or damages I may incur as a result of receiving this funding.

 Applicant's Signature

 Date

KAWERAK, INC.
VENDOR EFT AUTHORIZATION AGREEMENT

AUTHORIZATION FOR AUTOMATIC DEPOSITS

I (we) hereby authorize KAWERAK, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to: Checking or Savings Account indicated below and the depository named below, hereinafter called DEPOSITORY.

DEPOSITORY (bank) NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Account Type (check one): **Checking** **Savings**

NAME ON THE ACCOUNT: _____

TRANSIT ROUTING#: _____

ACCOUNT #: _____

This authority is to remain in full force and effect until Kawerak, Inc. has received written notification from me of its termination.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

Attaching a voided check below will ensure correct account information (optional). Please note - Incorrect numbers will result in a significant delay in delivery of funds. PLEASE TRIPLE CHECK TO ENSURE YOUR ACCT # AND ROUTING # ARE CORRECT!