

King Island

PHONE (907) 443-2209 • FAX (907) 443-8049



Native Community

P.O. BOX 682 • NOME, ALASKA 99762

EMERGENCY ASSISTANCE APPLICATION AND POLICY

King Island Native Community IRA council definition of an emergency assistance is an unforeseen situation such as **Food assistance, Emergency airfare, Utilities – Lights and Fuel bill, Rental Assistance and medical emergency.** Emergency assistance will be provided on availability of GENERAL FUNDS. Request for emergency assistance will reviewed by the IRA council on a case-by-case basis.

Emergency application will be processed upon receipt of **ALL REQUIRED DOCUMENTS** provided. i.e. Disconnect notice from utility company.

MAXIMUM OF (1) ASSIST PER PERSON/HOUSEHOLD TO A MAXIMUM OF FIVE HUNDERED DOLLARS (\$500.00) AFTER REACHING THE \$500.00 LIMIT APPLICANTS MAY NOT RE-APPLY FOR ASSISTANCE AGAIN UNTIL TWO (2) YEARS FROM THE LAST DATE OF EMERGENCY ASSISTANCE SERVICE.

PROCESSING OF AN APPROVED REQUEST MAY TAKE APPROXIMATLEY FIVE (5) BUSINESS DAY AFTER COMPLETE APPLICATION HAS BEEN RECEIVED.

PAYMENTS: WILL BE MADE DIRECTLY TO A VENDOR AND WILL NOT BE GIVEN DIRECTLY TO INDIVIDUAL REQUESTING ASSISTANCE.

Tribal Citizen must contact King Island Native Community office and provide statement of need that includes the following information below to be **CONSIDERED** for **EMERGENCY ASSISTANCE**. All information must be provided including dollar amount or will be considered **INCOMPLETE** and will not be **REVIEWED** by the IRA council.

EMERGENCY ASSISTANCE INFORMATION AND STATEMENT OF NEED

Date	Tribal Citizen Name
Tribal Enrollment #	Phone Number
Email Address	Mailing Address
Physical Address	City, State, Zip Code

Tribal Citizen Household Information

List ALL people living in our HOUSEHOLD: (you, spouse, boyfriend, girlfriend, partner, roommates, children, parents, grandparents, aunts, uncles, other, etc.) INCLUDE everyone.

Full Legal Name	Tribal Enrollment#	Relationship
		SELF

Where do you Live: <input type="checkbox"/> Own home	<input type="checkbox"/> Rent House or Apt	<input type="checkbox"/> Live with someone
Landlord's Name	Address	Phone number#

Please indicate type of assistance is needed include dollar amount

<input type="checkbox"/> FOOD	<input type="checkbox"/> AIRFARE	<input type="checkbox"/> FUEL <input type="checkbox"/> UTILITIES	<input type="checkbox"/> MEDICAL EMERGENCY
<input type="checkbox"/> RENTAL ASSISTANCE			

Please state the reason why EMERGENCY ASSISTANCE is needed and what it is needed for:

Tribal Citizen Certification:

I hereby certify that ALL information provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or suspended from KINC Emergency Assistance Program and services. I further understand that eligibility and service delivery decisions are subject to the sole discretion of the KINC IRA COUNCIL without right of appeal.

Tribal Citizen Signature

Date

Email: jknowlton@kawerak.org

For KINC USE ONLY	
Date and Time Received	Reviewed by KINC Tribal Council
Date for Approval or Denied	Payment to