



**NATIVE VILLAGE OF KOYUK
IRA COUNCIL**

P.O. BOX 53030-0030 KOYUK, ALASKA 99753
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Native Village of Koyuk Emergency COVID-19 Financial Assistance Application

Emergency COVID-19 Financial Assistance Program

To provide financial aid to eligible Native Village of Koyuk Tribal members for essential needs to help them maintain their independence, self-sufficiency, or to meet unmet needs due to the public health emergency.

Required Documents for Emergency COVID-19 Financial Assistance Application

Documentation	
ALL APPLICANT	<input type="checkbox"/> Complete and Signed Application
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Who is eligible to apply? Tribally enrolled members in the Native Village of Koyuk, on or before August 15, 2021.

All Tribal members, 18 years old and older must fill out own application.

Applications must be received and/or postmarked by deadline of April 24, 2022.

The *Emergency COVID-19 Financial Assistance Program* is available to provide financial assistance to tribal members of the Native Village of Koyuk. The program is an opportunity for Native Village of Koyuk Tribal members to apply that can show a demonstrated need for financial support during the COVID-19 crisis.

The Native Village of Koyuk will disburse funds by through application process.

This is a limit funding and is available until the deadline of APRIL 24, 2022.

Please email application to: tc.kka@kawerak.org or fax: (907)963-2353

We will not accept screenshot of the application.

NATIVE VILLAGE OF KOYUK

Application for Emergency Financial Assistance

Full Name:	Last	First	Enrollment ID#
Mailing Address/City/ State/Zip:			
Physical Address/City/State/Zip:			
Home/Cell Phone		Message Phone #:	Email:
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married		

List only tribally enrolled Members living in the residence.					
*	Name	RELATION	DATE OF BIRTH	SEX	TRIBAL ENROLLMENT number
		Self			

Explanation and Resources
How has COVID-19 affected your income? examples can be lost wages, reduced hours, laid off, furloughed, or other (please specify below):
<input type="checkbox"/> increased prices in food/supplies/gasoline/stove oil
<input type="checkbox"/> subsistence/commercial fishing income loss
<input type="checkbox"/> lack/delay of resource delivery
<input type="checkbox"/> All of the above
<input type="checkbox"/> other, please explain:

- Please check the appropriate boxes below:
- I certify, that I understand that this is a limited program for all Native Village of Koyuk tribal members enrolled by August 15, 2021
 - I certify that I am applying to replace lost wages or immediate needs.

READ BEFORE SIGNING:

I/we understand that all non-local Tribal member's checks will be mailed to the mailing address provided.

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 authorized the Native Village of Koyuk to use enrollment files to verify enrollment. Additionally, I/we agree to use the grant funds to meet personal and family needs that result from COVID-19 pandemic as intended for this Emergency Family Assistance Program.

I/we understand that the Native Village of Koyuk IRA will not be responsible for lost or misplaced checks.

Tribal member signature	Date	Tribal council signature	Date
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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																				
2 Business name/disregarded entity name, if different from above																				
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5" style="padding-top: 5px;"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </td> </tr> <tr> <td colspan="5" style="padding-top: 5px;"> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> </td> </tr> <tr> <td colspan="5" style="padding-top: 5px;"> <input type="checkbox"/> Other (see instructions) ▶ _____ </td> </tr> </table>	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					<small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>					<input type="checkbox"/> Other (see instructions) ▶ _____				
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<input type="checkbox"/> Other (see instructions) ▶ _____																				
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):																				
Exempt payee code (if any) _____																				
Exemption from FATCA reporting code (if any) _____																				
<small>(Applies to accounts maintained outside the U.S.)</small>																				
5 Address (number, street, and apt. or suite no.) See instructions.																				
Requester's name and address (optional)																				
6 City, state, and ZIP code																				
7 List account number(s) here (optional)																				

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.