NATIVE VILLAGE OF KOYUK IRA COUNCIL
PO BOX 53030 KOYUK, ALASKA 99753
PHONE: (907) 963-3651 FAX: (907) 963-2353 EMAIL: tc.kka@kawerak.org

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**

<table>
<thead>
<tr>
<th>Documentation</th>
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<tbody>
<tr>
<td>∙ Completed and Signed Application</td>
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Who is eligible to apply? Any Native Village of Koyuk Tribal member, may apply by completing the application process. If, you are 18 years or older, you are encouraged to fill out your own application.

What is the Emergency COVID-19 Financial Assistance Program?

The *Emergency COVID-19 Financial Assistance Program* is available to provide financial assistance. The program is an opportunity for qualified 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 limited funding opportunity and is available through December 30, 2020 or until all program funding is expended.

What is the timeline to apply? Assistance will be disbursed on a rolling basis. Individuals are encouraged to apply early.

Please have the application completely filled out and have all needed documentation before you arrive.

Applications turned in by Friday at 4:00 p.m., every week, will be reviewed the following Saturday.
NATIVE VILLAGE OF KOYUK
Application for Emergency Financial Assistance

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Last</th>
<th>First</th>
<th>Enrollment ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address/City/State/Zip:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Address/City/State/Zip:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home/Cell Phone</td>
<td>Message Phone #:</td>
<td>Email:</td>
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Marital Status:  □ Single  □ Married  □ Married, filing jointly

☑ Married, filing single

List All tribally enrolled members living in the residence:

<table>
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<tr>
<th>*</th>
<th>Name</th>
<th>RELATION TO HEAD OF HOUSEHOLD</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>SOCIAL SECURITY #</th>
<th>TRIBAL ENROLLMENT Must Include #</th>
<th>Check if 18 or over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
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</table>

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):

□ increased prices in food/supplies
□ lack of availability of appliances
□ limited travel restrictions
□ lack of subsistence/commercial fishing harvest
□ other, please explain
□ All of the above
Please return completed application to the Native Village of Koyuk Tribal Office, Monday-Friday, 8:00a.m.-12:00p.m. 1:00p.m.-4:00p.m.

To expedite the application process, please email or fax to the list below.

You may email the application to: tc.kka@kawerak.org or by fax: (907)963-3651.

Mail-in applications to: Native Village of Koyuk PO Box 53030 Koyuk, Alaska 99753. Applications must be postmarked by December 22, 2020. Applications received after December 22, 2020, will not be considered.

Please check all the appropriate boxes below:
☐ I certify that I understand that this is a limited, one-time program per Native Village of Koyuk tribal members.
☐ I certify that I am applying to replace lost wages or immediate needs.

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 authorized the Tribes to use enrollment files to verify eligibility. Additionally, I/we agree to use the grant funds to meet personal and family needs that result from the COVID-19 pandemic as intended for this Emergency Family Assistance Program. I also understand I will receive a misc. 1099 at end of the year.

____________________________________________________  __________________________
Applicant Signature Date

____________________________________________________  __________________________
Signature of Other Adult Household Member Date

____________________________________________________  __________________________
Verifying Staff Member Date

____________________________________________________  __________________________
Tribal Council Signature Date
Request for Taxpayer Identification Number and Certification

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

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.
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)
   - 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)

   *(Applies to accounts maintained outside the U.S.)*

5. Address (number, street, and apt. or suite no.) See instructions.

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

Or

Employer identification number

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

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.