



KAWERAK, INC.

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Education, Employment, and Supportive Services
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COVID-19 Income Loss Support Program - Supplemental Information Form

First Name:

MI:

Last Name:

LIST PEOPLE IN YOUR HOUSEHOLD (Nuclear Family Only): List only spouse, boyfriend, girlfriend, partner and/or your dependents (e.g. children and any adults you have legal guardianship of) who live with you. Do not list extended family members such as aunts, uncles, cousins, your parents, grandparents or close family friends.

Name:	Relationship:	Date of Birth	Social Security #	Employed	Monthly Income, Including Unemployment Benefits
	Self				
TOTAL INCOME					

HOUSEHOLD TYPE: Own Mortgaged Rental Relatives Other:

ECONOMIC STATUS: Please check is you or family members listed above receive any of the following

- | | |
|--|--|
| <input type="checkbox"/> State of Alaska ATAP/TANF | <input type="checkbox"/> Heating Assistance (LIHEAP) |
| <input type="checkbox"/> Tribal Welfare Assistance | <input type="checkbox"/> Military Income (Veterans Benefits) |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Seniors Assistance |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Subsidized Employment |

LIST TOTAL MONTHLY EXPENSES: (Proof of Expenses may be Requested of Applicant)

Rent/Mortgage	\$	Home Phone	\$
Food	\$	Cell Phone	\$
Electricity/Utilities	\$	Cable	\$
Water/Sewer	\$	Internet	\$
Heating Fuel	\$	Other	\$
Propane	\$	Other	\$
Total	\$	Total	\$

EMPLOYMENT HISTORY or SELF-EMPLOYMENT

Job Title:	Start Date:	End Date:
Employer:	Phone #:	Wage:
Reason for Leaving:		
Duties:		
Job Title:	Start Date:	End Date:
Employer:	Phone #:	Wage:
Reason for Leaving:		
Duties:		

STATEMENT OF NEED

I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds for denial of services and may lead to prosecution, fines, and imprisonment. I understand my name will never be used in any report and that all data will be kept strictly confidential within Kawerak. I have read and understand my rights and responsibilities.

Print Name: _____ Sign: _____ Date: _____

For Office Use Only
 This form was signed telephonically on _____ and verified by Kawerak, Inc. staff member _____.