



# Native Village of Afognak

To embrace, protect, develop, and enhance Alutiig culture, protect our traditional use areas and encourage unity among the Alutiig of the Kodiak Archipelago

## ***Emergency Rental/Mortgage Assistance BIA Housing Improvement Funds***

Native Village of Afognak Tribal members 18 years or older may apply for emergency rental/mortgage assistance if their household has been impacted financially by the COVID pandemic. Only one application per residence will be processed. Applications will be processed on a first come, first served basis. Incomplete applications will not be processed.

**Deadline for applications: Until funds are expended**

Tribal Member Name: \_\_\_\_\_

Maiden Name or Other Names used: \_\_\_\_\_

Street Address: : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best way to contact: Home Cell Email

**Please check the need to be covered by this application: \_\_\_ Rent \_\_\_ Mortgage**

Provide a copy of your state issued identification card, and any supporting documentation you wish to include for the Tribe's verification and review. If our review indicates that additional documentation is needed, we will contact you at the phone number you have provided. If we request additional information, the application will not be considered complete until the requested documentation arrives, and it must arrive by the deadline. It is important to provide detail and documentation for verification of your family's need. For example: a late payment notice from your landlord or lender, invoice etc.

**AMOUNT REQUESTED \$\_\_\_\_\_** to help cover unpaid rent or mortgage. Request may not exceed \$500 per household to allow us to assist as many Tribal members as possible. In the event funds are not fully allocated, you may be eligible for additional assistance. In this case, you will be contacted by our office.

**Initial and affirm each statement below:**

- I am enrolled in NVA – Please provide your Tribal ID# \_\_\_\_\_
- I have not received any other COVID funding for the expenses listed above, from another Tribal organization.**
- I am obligated to notify the tribe of any changes to my past due account prior to receiving any funds.**
- I understand that the Tribe may choose to pay a landlord directly, at its own discretion.**



### APPLICANT CERTIFICATION

I, the undersigned applicant, hereby certify under penalty of perjury, that all information in this Application is true and correct to the best of my knowledge, information and belief.

I understand that all funds I receive as a result of this application must be used for unpaid rent or mortgage. I certify that the expenses I have identified will not be covered by another Tribe or from any other source. I certify that I will not apply for funding from any source for the costs, expenses and losses that are covered by funds received from this application. I understand that I will be required to reimburse the Tribe or U.S. government for any misuse of funds or payments made to me based on inaccurate statements or material omissions. The Tribe reserves all rights under law to recover funds paid by mistake of law or fact. I agree to assist the Tribe in obtaining any further verification of submitted information upon reasonable request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verifying Staff Member Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR RETURNING APPLICATION:** Drop off in-person at 115 Mill Bay Road, Kodiak, AK or you may mail the application to the same address. If you are concerned about delay, use the email option first and then mail. EMAIL: Please sign, scan and email your completed application and documentation to **tribe@afognak.org**, then place the original in the US MAIL.

**BELOW SECTION FOR OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_ Payment is **approved:** \_\_\_\_\_ Payment is **denied:** \_\_\_\_\_

Tribal ID # **AFG** \_\_\_\_\_ Supporting Documents Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

**Partially Approved or Denied (explain)** \_\_\_\_\_

Approving Officer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date