



Tangirnaq Native Village (aka Woody Island)
COVID-19 Emergency Assistance Program
3449 E. Rezanof Dr. , Kodiak, AK 99615
(907) 486-9872 | info@woodyisland.com
www.woodyisland.com/covid-19

COVID-19 Emergency Assistance Application

The Tangirnaq Native Village (aka Woody Island) has been allocated funding to address the needs of those Tribal households that have incurred additional expenses associated with the COVID-19 pandemic. The Tribe may assist eligible Tribal households with financial assistance, supplies, and other relief.

Who can apply: Adult enrolled Tribal members 18 years of age or older whose households are facing COVID-19 related needs. A non-enrolled adult family member may apply on behalf of enrolled Tribal members under the age of 18.

How to apply:

- Provide information about yourself and household on the following pages, to demonstrate that you are a Tribal household with one or more members enrolled in Tangirnaq Native Village (aka Woody Island).
- Provide a working mailing address at which you can receive assistance supplies, and a working phone number and email address to receive program communications.
- Truthfully answer questions about the types of additional expenditures or hardships that your household have experienced since March 2020 due to COVID-19, attaching additional typed pages to describe other hardships if necessary.
- Indicate what types of assistance you are seeking on behalf of your household, initialing any required certifications.
- Sign your application, certifying that the information you have provided is true and correct.
- If you have requested financial assistance (housing, internet), please also complete the attached Authorization for Direct Deposit form, providing an account at which you can receive financial assistance, or indicate on that form that you prefer to receive a mailed check. **Also**, complete an IRS W-9 form and return it alongside your application.
- Return your application, along with Authorization for Direct Deposit and IRS W-9, to the Tribal Operations office by mail (3449 East Rezanof Drive, Kodiak, AK 99615) or email (info@woodyisland.com).

When applications are due: The COVID response funding that is available to the Tribe has various expiration dates, some as early as **December 30, 2020**. Applications will be accepted until further notice, but assistance may only be available until funds are expended or expired. The Tangirnaq Native Village (aka Woody Island) COVID-19 Emergency Assistance Program can make no guarantees as to the availability, extent, or duration of any particular type of aid, so Tribal members seeking assistance are encouraged to submit applications promptly.

For questions, or assistance with your application: please contact the Tribal Operations office by:

Phone:
(907) 486-9872

or

Email:
info@woodyisland.com



Tangirnaq Native Village (aka Woody Island)
COVID-19 Emergency Assistance Program
3449 E. Rezanof Dr. , Kodiak, AK 99615
(907) 486-9872 | info@woodyisland.com
www.woodyisland.com/covid-19

COVID-19 Emergency Assistance Application

Tribal Member Name: _____

Maiden or Former Name (if any): _____

Enrollment No.: _____ SSN: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Phone No.: _____ Email: _____

Additional Household Members	Relationship	D.O.B.	Enrollment No. if known (or n/a)

I or a member of my household has incurred expenses or experienced hardships as a result of the COVID-19 public health emergency since March 01, 2020, in the form of: (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Reduced employment |
| <input type="checkbox"/> Ability to safely quarantine/social distance | <input type="checkbox"/> Access to/increased costs for sanitization supplies |
| <input type="checkbox"/> Access to/increased costs for food | <input type="checkbox"/> Access to/increased costs for internet |
| <input type="checkbox"/> Access to/increased costs for housing | <input type="checkbox"/> Access to/increased costs for education |
| <input type="checkbox"/> Access to/increased costs of childcare | <input type="checkbox"/> Access to/increased costs of healthcare |
| <input type="checkbox"/> Other: _____ | |

If you are a small business owner, please also provide additional information about your business:

Business Name: _____

Description: _____

Phone No.: _____ Email: _____



Requested Assistance:

You may be eligible for more than one of the following assistance options. **Please check any that apply, and initial the required certification for each assistance requested.**

On behalf of my household, I am requesting assistance for the following:

Housing Assistance (up to \$500)

	Required certification: I certify that my household has experienced COVID-related financial impacts, and require financial assistance for mortgage, rent, and/or utility expenses that have or will occur between March 01 and December 30, 2020.
--	--

Internet Service Assistance

	Required certification: I certify that my household has experienced COVID-related financial impacts, that we use or would use home internet service for work or educational purposes, and require financial assistance for internet service costs that have or will occur between March 01 and December 30, 2020.
--	--

Home Office Equipment (Webcam, Printer/Scanner)

	Required certification: I certify that my household has experienced COVID-related financial impacts, that we do or would telework, homeschool, or use distance education from our household, and require assistance with home office equipment to facilitate work or education from our home.
--	--

Young Children's Educational Tablet

	Required certification: I certify that my household has ____ (number of children) grade school-aged children, that my household has experienced COVID-related financial impacts or reduced access to childcare and education, and require assistance with children's educational tablets to facilitate education or childcare for young children.
--	--

Food Assistance

	Required certification: I certify that my household experienced COVID-related financial impacts or reduced access to healthy foods due to supply shortage or public health mandates, and require assistance with access to healthy foods.
--	--

Sanitization and Personal Protective Equipment Assistance (Masks, Sanitizer)

	Required certification: I certify that my household experienced COVID-related financial impacts or reduced access to sanitization and protective supplies, and require assistance with access to such supplies.
--	--



General Certifications: (please initial **all** certifications below and sign)

	I am an enrolled Tribal member of Tangirnaq Native Village (aka Woody Island), or am an adult parent/guardian to a minor who is an enrolled Tribal member with physical and legal custody of that child.
--	--

	I give my consent and authorization for any federal, state, or local agency to release to the Tangirnaq Native Village (aka Woody Island) any information needed to complete and verify my application for assistance.
--	--

	I acknowledge that assistance from Tangirnaq Native Village (aka Woody Island) may be counted by other assistance programs as unearned income.
--	--

	I understand that assistance will be determined and awarded per household.
--	--

	I understand that my application is subject to verification, and that falsification of information shall be grounds for immediate termination from the program, and may subject me to Federal prosecution, and that I may be required to repay the Tribe for services received as a result of falsified information.
--	--

	I certify that I will notify Tangirnaq Native Village (aka Woody Island) if my costs and hardships materially change, to allow the Tribe to reevaluate my application.
--	--

	I certify that I have not received other emergency assistance funding for my requested relief from any other State, Local, or Tribal assistance program.
--	--

By signing below, I affirm that everything documented on or attached to this form is true and accurate:

Signature: _____

Date: _____

Printed Name: _____

FOR TRIBAL STAFF ONLY Date Received: Initials: Complete: Yes / No



Tangirnaq Native Village (aka Woody Island)
 COVID-19 Emergency Assistance Program
 3449 E. Rezanof Dr. , Kodiak, AK 99615
 (907) 486-9872 | info@woodyisland.com
www.woodyisland.com/covid-19

Authorization for Direct Deposit

If requesting financial assistance (e.g. housing, internet), you must either provide information to authorize Direct Deposit in your checking or savings account, **OR** indicate that you prefer to receive a check by mail. Please complete this form to indicate your preference, **AND ALSO** attach a completed IRS W-9 form.

I prefer to receive financial assistance **by check**, issued to the name and mailed to the address below:

Name and Address _____ _____ _____	Social Security Number
	Phone Number
	Email Address

OR

I hereby authorize Tangirnaq Native Village (aka Woody Island) to initiate **direct deposits to my account** at the financial institution named below. I also authorize the Tribe to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold the Tribe responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Name and Address _____ _____ _____	Social Security Number
	Phone Number
	Email Address
Name of Financial Institution	Financial Institution Phone Number
Your Account Number	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Transit Routing Number	

Please attach a voided check, deposit slip, or other form of bank verification and return this form to Tangirnaq Native Village (aka Woody Island), alongside your COVID-19 Assistance application and a completed IRS W-9 form.

Signature: _____

Date: _____

Printed Name: _____

