

# Native Village of Paimiut

To honor our ancestors, our lands and bring hope to future generations.

PO Box 240084

Anchorage, AK 99524

Office: 907-561-0304

Fax: 907-561-0305

## General Assistance Application

**PLEASE READ:**

Applications can be submitted to paimiut@nvptc.org, the address/fax number listed above, or dropped off at one of the offices. No payment will be released until this form is filled out, signed, and received by the Native Village of Paimiut Office. Each Tribal Member over 18 must fill out their own application.

**Checks will be made out directly to vendor, not to the Tribal Member. Food assistance is paid via store eGift Card emailed to your provided email or paid directly to the village store of residence. IE: AC Store or Chevak store.**

**If using for other assistance, please include any documentation available.**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the applicant the head of household?  Yes  No

**ALL other individuals residing in residence:**

Name	Relationship	Date of Birth	Employed	Tribal Member
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you require food assistance?  Yes  No **if in Anchorage provide email above**

**Other Assistance:**

Company	Type Of Bill	Amount Owed	Overdue	Disconnected
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Brief Explanation for Assistance:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Native Village of Paimiut

To honor our ancestors, our lands and bring hope to future generations.

PO Box 240084  
Anchorage, AK 99524

Office: 907-561-0304  
Fax: 907-561-0305

## Certification of Emergency Assistance

I, \_\_\_\_\_ certify that I am a Tribal Member of the Native Village of Paimiut. I hereby request financial assistance. With my signature below, I declare that all the above information is true and accurate.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office Use Only

**Approved By:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_