

# 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

## Rent/Utility Assistance Application

**PLEASE READ:**

Applications can be submitted to [Paimiut@nvptc.org](mailto:Paimiut@nvptc.org) or address/fax number listed above. No check 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.

**No checks are made out to tribal member's name. Assistance is paid directly to the entity requiring payment.**

Checks are mailed to the billing address for each company or may be picked up by the tribal member.

**YOU MUST INCLUDE DOCUMENTATION FOR PAYMENT.** IE: Utility invoice, past due statement from landlord.

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

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

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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
_____	_____	____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Rental Assistance information:** Please provide name of either company or landlord name. Checks will be made out to name provided below.

Company/ Landlord Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Person: \_\_\_\_\_

Amount Due: \_\_\_\_\_ . \_\_\_\_\_ Past due?  Yes  No Due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Utilities 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

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## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_