

# 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

## Tribal Member 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.

### Household Information:

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

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

Physical Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ \*Required for food assistance in a city

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 |

### Assistance Requested:

Do you require food assistance?  Yes  No

Food assistance is paid via store eGift Card and emailed to your provided email or paid directly to the village store of residence.

**Rental Assistance:** Please provide name of either company or landlord name. Checks will be made out to name provided below. **YOU MUST INCLUDE DOCUMENTATION FOR PAYMENT**

Check made payable to: \_\_\_\_\_  
Company or Landlord Name

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

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

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

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Utilities Assistance: **YOU MUST INCLUDE DOCUMENTATION FOR PAYMENT**, such as your past due utility bill. We do not pay for prepaid cell phone service.

| 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 |

HEATING Fuel Assistance:  Provide Crowley Card# \_\_\_\_\_

Brief Explanation for Assistance: **\*REQUIRED\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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