

**NATIVE VILLAGE OF TANANA
RESCUE RELIEF PROGRAM ASSISTANCE APPLICATION**

February 1, 2022

Dear Tribal Members,

On behalf of the Tanana Tribal Council members, the Native Village of Tanana is pleased to announce that the Rescue Relief Assistance Program will be launching. The TTC Council met on January 19th, 2022 and authorized the Rescue Relief Assistance Program for **all** TTC tribal members.

This program is funded through the American Rescue Plan Act funds that the Tribe has received. It will provide \$2000 to the vendor(s) specified on the application by the applicant for the payment of rent, utilities, internet bills or other expenses, for all Tanana Tribal enrolled members, over the age of 18 and \$1000 for all Tanana Tribal enrolled members under the age of 18. This is a one-time program to offset some of the expenses tribal members are facing due to the pandemic. If you are dually enrolled and received assistance from another tribe, you do not qualify for this program.

Application period is from **February 1, 2022 - March 31, 2022.**

Must be 18 years of age or older to complete application, a separate application must be submitted for each adult in your household that is a TTC tribal member. Children should be included with only one parent/guardian application and must be in your legal custody to qualify.

Tribal members must fill out a Rescue Relief Program Assistance Application-available at the tribal office, please call (907) 366-7170 to have one emailed or faxed, if needed. Application must be filled out completely. Landlord, utility, internet or other vendors must be specified for payments. Payments will be sent out once a week to vendors, on Fridays. The last day to apply is **March 31, 2022**.

Sincerely,

Lois Huntington, First Chief
Tanana Tribal Council

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Personal Information: Please use your current mailing address.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

☐ I am a Tanana Tribal Member Enrollment Number: _____

Tanana Tribal Members under the age of 18 years of age.

Name: _____ Enrollment Number: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Name: _____ Enrollment Number: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Name: _____ Enrollment Number: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Name: _____ Enrollment Number: _____

Address: _____

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Address: _____

Date of Birth: _____ Social Security Number: _____

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CERTIFICATION (Please initial each box)

- ☐ I certify that I am a United States Citizen
- ☐ I certify that I am submitting this form to the Native Village of Tanana to request relief from financial impacts caused by the COVID-19 pandemic on behalf of myself.
- ☐ I certify that the COVID-19 pandemic has impacted my ability to meet household expense in one or more of the following ways: Job Loss, Decreased Work Hours, Furlough, or Increased Costs of: Child Care, Utilities, Internet, Food or Fuel.
- ☐ I am dually enrolled to another tribe. I (have/ have not) received Financial Assistance from my other Tribe.

List Other Tribe: _____

Client Payment Set Up

This form below is used in lieu of the W9 form published by the Internal Revenue Service.
All required forms must be completed and signed before payment is issued.

Name: _____

Enrollment Number: _____

Date of Birth: _____ Social Security Number: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

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CERTIFICATION (Please initial each box)

- ☐ Under penalties of perjury, I certify that: The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me)
- ☐ Under penalties of perjury, I certify that: I am not subject to backup withholding because: (A) I am exempt from backup withholding; or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to back up withholding and
- ☐ Under penalties of perjury, I certify that: I am a US person (including a US Resident Alien) .

Tribal Member Signature

Date

VENDORS

Please list vendor(s) to whom the payment will be issued: (Total Must Equal \$2000 for an Adult or \$2000 for adult plus \$1000 for each eligible child)

Vendor Name: _____

Vendor Address: _____

Customer Account No.: _____

Amount Designated: _____

Vendor Name: _____

Vendor Address: _____

Customer Account No.: _____

Amount Designated: _____

Vendor Name: _____

Vendor Address: _____

Customer Account No.: _____

Amount Designated: _____

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Vendor Name: _____

Vendor Address: _____

Customer Account No.: _____

Amount Designated: _____

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