

Application For Service

122 1st Avenue
Fairbanks, Alaska 99701
phone: 907.452.8251 Ext. 3414 or Ext: 3390
Fax: 907-459-3870
Toll Free in Alaska: 1-800-478-6822
Outside Alaska: 1-800-770-8251
Email: Hannah.Joe@tananachiefs.org
Julie.settle@tananachiefs.org

Date received by TCC:

For Tribal Office Review;
I have thoroughly reviewed all information and
verify that it is true and accurate.
I certify that the Head of the household
indicated in this application is a member of a
federally-recognized tribe.
Signature of authorized Tribal Representative
Date

Applicant Information

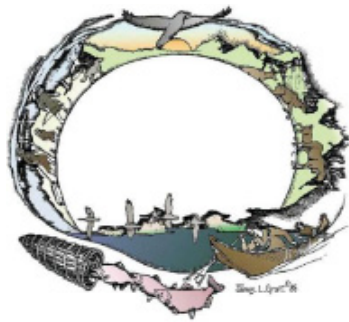
Name: First	Middle	Last	III, Jr., Sr...
Maiden Name or other names used		Regional Corporation	
Mailing Address		City	State Zip
Physical Address		City	State Zip
Home Phone	Message Phone	Email address	
Have you moved into the TCC Region within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you or a family member receiving public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly amount:	
Are you 18 years of age or older and still living with your parents, or guardians AND claimed on their previous income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gross Family Income for last 12 months?	

List all people who live in your home:

First Name	Last Name	Relation- ship to you	Birth Date	SSN	Marital Status (see codes below)	Sex Male (M) Female (F)	Disabled Y or N	Veteran Y or N	Member of Feder- ally Rec Tribe Y or N	Tribal Affiliation (see codes below)	Highest Grade Com- pleted
		Self									

Marital Status - Married (MA), Not Married (NM), Separated (SE), Legally Separated (LS), Divorced (DI) or Widowed (WI)

Tribal Affiliation -Alatna (ALA), Allakaket (ALL), Anderson (AND), Anvik (ANV), Arctic Village (ARC), Beaver (BEA), Birch Creek (BIR), Canyon Village (CAN), Central (CEN), Chalkyitsik (CHA), Circle (CIR), Dot Lake (DOT), Eagle (EAG), Evansville (EVA), Fort Yukon (FOR), Galena (GAL), Grayling (GRA), Healy Lake (HEA), Holy Cross (HOL), Hughes (HUG), Huslia (HUS), Kaltag (KAL), Koyukuk (KOY), Lake Michumina (LAK), Manley Hot Springs (MAN), McGrath (MCG), Medfra (MED), Minto (MIN), Nenana (NEN), Nikolai (NIK), Northway (NOR), Nulato (NUL), Other (OTH), Rampart (RAM), Ruby (RUB), Shageluk (SHA), Stevens Village (STE), Takotna (TAK), Tanana (TAN), Tanacross (TAC), Telida (TEL), Tetlin (TET), Venetie (VEN)



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Please answer all of the following statements:

- Loss or damages in excess of \$1,000.00 due to flood, fire, wind, or other natural causes has occurred to my house.
☐ Yes ☐ No
- I have made reasonable efforts and have not been able to access other programs and resources to meet my/our household's basic needs of food, clothing, and shelter as indicated below
☐ Yes ☐ No
- My current unmet household need(s) is/are associated with (please check all that apply)
 - ☐ Costs relating to spoilage or loss of food because of flood, fire, wind, or other natural causes
 - ☐ Costs of equipment and supplies related to procuring, preserving, and storing subsistence food, damaged or lost as a result of flood, fire, wind, or other natural causes.
 - ☐ Costs to repair or replace essential winter and other clothing or personal effects damaged by flood, fire, wind, or other natural causes
 - ☐ Costs related to the repair or replacement of my home which was damaged or destroyed by flood, fire, wind, or other natural causes
 - ☐ Costs of equipment and supplies related to the procurement, transport, preparation or installation of home heating and housing materials and food supplies
 - ☐ Other Costs:

PERMANENT CONTACT

Provide the following information on an individual who does not live with you, but who knows how to contact you if you cannot be contacted.

Name

Email or Mailing Address

Phone

Relation to Applicant

For Tribal Office Review;

I have thoroughly reviewed all information and verify that it is true and accurate.

I certify that the Head of the household indicated in this application is a member of a federally-recognized tribe.

Signature of authorized Tribal Representative

X _____ Date: _____

CERTIFICATION

I certify to the best of my knowledge that the information on this application is accurate and true. I attest to the aforementioned status of my household's basic needs are true and accurate.

Legal Signature of Applicant

Date