



Applicant Information

First Name:	Middle Name:	Last Name:	III, Jr., Sr., etc.
Maiden Name or Other Names Used:		Regional Corporation:	
Mailing Address:		City:	State: Zipcode:
Physical Address:		City:	State: Zipcode:
Home Phone:	Message Phone:	Email Address:	
Have you moved into the TCC Region with the last 30 days?		Are you or a family member receiving public assistance?	
Yes No		Yes No	
Are you 18 years of age or older and still living with your parents or guardians AND claimed on their previous tax return?		Monthly Amount:	
Yes No		Gross Family Income for the last 12 months?	

List all the people who live in your home:

First Name	Last Name	Relationship to you	Birth Date	SSN	Marital Status*	Sex (M/F)	Disabled (Y/N)	Veteran (Y/N)	Member of Federally Recognized Tribe (Y/N)	Tribal Affiliation**	Highest Grade Completed
		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)



Application for Emergency Assistance

122 1st Avenue | Fairbanks, AK 99701
 Phone: (907) 452-8251 ext. 3390 | Fax: (907) 459-3870
 Toll Free in Alaska: 1-800-478-6822
 Outside Alaska: 1-800-770-8251
 Email: TCCTANF_Dept@tananachiefs.org

Please answer all of the following statements:

- Loss or damages in excess of \$1,000.00 has occurred to my house due to one of the following:
 Flood Fire Wind Other natural causes (Please share):

- 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 (please specify):

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.	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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> X: _____ Date: _____ </div>
Name:	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.
Email or Mailing Address:	
Phone:	
Relation to Applicant:	
<div style="display: flex; justify-content: space-between;"> Legal Signature of Applicant Date </div>	