



# ORGANIZED VILLAGE OF KASAAN

P.O. BOX 26 - KXA  
(907) 542-2230

KASAAN, ALASKA 99950-0340

## *OVK 2023 Winter Relief Application*

The Organized Village of Kasaan is pleased to announce the 2023 Winter Relief Program. The OVK will issue a one-time distribution in the amount of \$1000 for the purpose of alleviating financial hardships/expenses during the 2023 Winter season to eligible tribal citizen households who reside in the OVK traditional territory and/or on Prince of Wales Island. Applications will be processed in the order they are received. Please submit your completed application to Admin Assistant, Kris Kain via email at [assistant@kasaan.org](mailto:assistant@kasaan.org). **Application deadline: December 1, 2023.**

**"Tribal Citizen Household"** is defined as follows: Person(s) enrolled in the Organized Village of Kasaan, who are; a single person over the age of 18 living alone, or a group of people sharing the same living space who are related by blood, marriage, domestic partnerships, or adoption that share financial responsibilities.

To be considered eligible, you must:

- Be an OVK enrolled tribal citizen over the age of 18 (only those enrolled before November 6, 2023, will be considered eligible.)
- Permanently reside in the Kasaan traditional territory and/or on Prince of Wales Island.

### Section 1: Applicant Information (please check the text box that applies)

I am filing this application as an enrolled tribal citizen of the Organized Village of Kasaan

#### Adult Applicant: (\*If you have had a name change, please attach copy of valid Driver's License/State issued ID)

Name: First, Middle, Last		Date of Birth:	OVK Enrollment #:
Physical Address:	Mailing Address:	Cell Phone:	Email address:

**Please list all other individuals whom you consider to be part of your household in the space provided below. If you need to add more people, use an additional blank page.**

Household Member 1 Name: First, Middle, Last	Household Member 2 Name: First, Middle, Last
Household Member 3 Name: First, Middle, Last	Household Member 4 Name: First, Middle, Last
Household Member 5 Name: First, Middle, Last	Household Member 6 Name: First, Middle, Last

**PROVISIONS FOR OVK ENROLLED MINOR CHILDREN:** Minor children under the age of 18 who are enrolled in the Organized Village of Kasaan, whose parent/legal guardians are non OVK Tribal Citizens, are also eligible for this program. Parent/guardian may apply on behalf of the Minor Child, but must provide documentation, such as birth certificate, certificate of adoption, or foster parent documentation. Only one application per household shall be permitted regardless of how many OVK enrolled minor children live in the household.

**COMPLETE THE "MINOR CHILD" SECTION ON PG. 2 OF THIS APPLICATION IF YOU ARE APPLYING FOR THESE FUNDS ON BEHALF OF A MINOR CHILD WHO IS ENROLLED IN THE ORGANIZED VILLAGE OF KASAAN.**

I am filing this application on behalf of a minor child, who is an enrolled tribal citizen of the Organized Village of Kasaan.

I Certify that I am legally/lawfully able to apply for funds on behalf of the child entered below. I understand that if found ineligible by the Tribe I will have to pay these funds back in full.

**Minor Child:**

Name: First, Middle, Last		Date of Birth:	OVK Enrollment #:
Physical Address:	Mailing Address:	Cell Phone:	Email address:

I would prefer email confirmation.

I would prefer text confirmation.

*If your application is incomplete and missing documentation or if there is a question regarding your application, you will receive an email/text/phone call.*

**Section 2. Terms and Conditions**

- A confirmation email or text will be sent to the email or phone number provided, when your application has been received.
- The Organized Village of Kasaan is not responsible for lost or stolen payments. No replacement will be issued.
- Payments sent in the mail will be certified return receipt. OVK is not liable for lost or stolen mail.
- One payment will be issued per eligible U.S. household.
- Applications must be submitted and/or postmarked by December 1, 2023

I certify that I permanently reside on Prince of Wales Island, Alaska.

I certify that I am an enrolled Tribal Citizen of the Organized Village of Kasaan and am not enrolled in any other federally recognized tribe other than Central Council Tlingit & Haida Indian Tribes of Alaska.

I understand that the contact information provided may be used to update my enrollment file.

I have read and agree to the above terms and conditions.

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature

**Section 3. Client Payment Set Up**

(This form 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.

First Name	Middle Name	Last Name
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Enrollment #	Date of Birth	Social Security #
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Physical Address	Mailing Address	City	State	Zip
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- 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 backup withholding and
  
- Under penalties of perjury, I certify that: I am a U.S. person (including a U.S. Resident alien)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Section 4. Authorization of Direct Deposit.**

I hereby authorize the Organized Village of Kasaan to initiate direct deposits to my account at the financial institution named below. I also authorize the Organized Village of Kasaan to make a withdrawal from this account in the event that a credit entry is made in error. Further, I agree not to hold the Organized Village of Kasaan responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until the Organized Village of Kasaan receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

I do not want a direct deposit. Please send payment to the mailing address provided.

Name: Last, First, Middle	Address:
Social Security #	Phone:

**Account Details**

**\*\*Note\*\*** If OVK has your direct deposit information on file please indicate by checking this box

Name of Financial Institution:	Financial Institution Phone #:
Account Type:	Transit Routing #:
Account #:	

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided check, deposit slip, or other form of bank verification.**

Submit Application To:		
<p><b>Mail:</b> Organized Village of Kasaan ATTN: Kris Kain PO BOX 26-KXA Kasaan, AK 99950</p>	<p><b>Email:</b> <a href="mailto:assistant@kasaan.org">assistant@kasaan.org</a></p>	<p><b>Assistance printing and completing the application, contact T&amp;H Community Navigator for Kasaan, Randi Braz</b> <a href="mailto:rbraz@tlingitandhaida.gov">rbraz@tlingitandhaida.gov</a> or (907)463-7784</p>

