

 **Tribal Citizen Emergency Assistance Application**

*Applications can be submitted by via mail (P.O. Box 26-KXA Kasaan, AK 99950-0340) or* *via email (ovk**@kasaan.org**).*

|  |
| --- |
|  **Eligibility:**  * Applicant must be an enrolled OVK Tribal Citizen and live within the Kasaan traditional boundary
* Must provide verification to indicate need
 |
| **Check which category of assistance you are applying for** *Note: This is a one-time service per applicant, per calendar year.*  |
|  **$1,000/Yr. per Eligible Household**  *The Tribal Council has the discretion to review and approve anything over this annual allocation.*  |
| **Check appropriate box below:**  * **Rent**
* **Medical**
* **Oil/Heat**
* **Emergency Home Repair**
 |   * **Food**
* **Electricity**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

  |
| **AWARD PAYMENTS ARE MADE DIRECTLY TO THE VENDOR(S)**  |
|  **NAME OF APPLICANT**  |
|  Name (First, MI, Last)   |  Date of Birth  |  OVK Enrollment #  |  Social Security #  |
|  Residence Address     |  Mailing Address  |
|  City, State                                                Zip Code    |  City, State                                                Zip Code  |
|  Home Phone #  |  Cell Phone #  |
| **VENDOR INFORMATION**  |
| **List of Vendors to be paid**  |  Vendor 1:  |   |
|  Vendor 2:  |   |
| **STATEMENT OF NEED**  |
| Explain what your immediate need is. It can be a personal hardship related to extenuating circumstances such as a fire, death, illness, a utility shut-off notice, a medical need or help paying for funeral expenses.     |

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

Applicant’s Signature Date President’s Signature Date

*For technical assistance contact the OVK Executive Assistant via phone (907-401-4273) or via email (assistant@kasaan.org).*