A circular design with a drawing of people

Description automatically generated

**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*](mailto:ovkassistant@kasaan.org)*).*

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| --- | --- | --- | --- | --- |
| **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. | | | | |

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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).*