



2020 CARES Act Financial Assistance Application

<p>Education Costs</p> <p>Tlingit & Haida will provide up to \$500 per household to support three education related costs:</p> <ol style="list-style-type: none"> 1. The cost of hardware to participate in distance education (e.g. a laptop, a camera, a microphone); 2. Increased costs for internet due to education; and 3. The cost of tuition if you are seeking education to change your employment options due to COVID-19. 	<p>Housing Costs</p> <p>Tlingit & Haida will provide up to \$500 per household to assist in housing related costs due to COVID-19 impacts:</p> <ol style="list-style-type: none"> a. Mortgage; b. Rent; and c. Utilities
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Applicant Information

Full Name: _____ Enrollment No.: _____

Social Security No.: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Email Address: _____

Household Information

Please list all individuals (citizens and non-citizens) living in your household.

Name: _____ Relationship/Age: _____

Name: _____ Relationship/Age: _____

Name: _____ Relationship/Age: _____

Name: _____ Relationship/Age: _____

Name: _____ Relationship/Age: _____

Name: _____ Relationship/Age: _____

Name: _____ Relationship/Age: _____

Name: _____ Relationship/Age: _____

On behalf of my household I am requesting funds for assistance with the following:

Education

Mortgage/Rent and/or Utilities

Education Costs

I certify that I have been financially impacted by COVID-19 by:

Expending at least \$500 for the cost of the education related hardware;
Increased internet costs of at least \$500 incurred between April 1, 2020 and December 30, 2020;
Tuition costs of at least \$500 incurred because I am seeking education to change my employment options due to COVID-19.

Proof of costs MUST be attached to this application. A copy of one internet bill is sufficient to document internet costs.

Housing Costs

I certify that I have been financially impacted by COVID-19 due to:

Job Loss

Furlough

Decreased Work Hours

Increased Childcare Costs

Other:

I further certify that as a result of the financial impacts above my household needs at least \$500 for mortgage, rent or utilities costs that incurred between April 1, 2020 and December 30, 2020.

Proof of costs MUST be attached to this application (e.g. a lease, mortgage statement or utility bill).

Certifications (Initial Below)

I certify that I am a United States citizen

I certify that I am submitting this form to Tlingit & Haida to request relief from financial impacts caused by the COVID-19 pandemic on behalf of my household.

I certify that I will notify Tlingit & Haida if my costs change and allow Tlingit & Haida to reevaluate my application.

I acknowledge that these one-time funds may impact other assistance programs as it may be counted as unearned income.

By signing below I affirm that everything documented on or attached to this form is true and accurate.

Signature

Date

Printed Name

Applications can be submitted to caresrelief@ccthita-nsn.gov

Applications will be accepted until December 30, 2020 or until funds are expended.



Central Council
Tlingit & Haida Indian Tribes of Alaska
 CARES ACT Assistance Application
 9097 Glacier Hwy
 Juneau, Alaska 99801
 Fax: 1-888-493-5169 Email:caresrelief@ccthita-nsn.gov

Request for Vendor Setup

(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

New **Update**

Legal Name (as shown on your tax return)	Social Security Number
Business Name (if different from above)	EIN (for businesses)
Mailing Address: _____ City: _____ State: _____ Zip: _____	Telephone Number: () _____ Email Address:

VENDOR TYPE

Non Taxable		1099 Vendor (Taxable)	
<input type="checkbox"/> Client	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Landlord	<input type="checkbox"/> Daycare Provider
<input type="checkbox"/> Employee	<input type="checkbox"/> Corporation	<input type="checkbox"/> Attorney	<input type="checkbox"/> Medical Provider
<input type="checkbox"/> Council Delegate	<input type="checkbox"/> Government	<input type="checkbox"/> Sole Proprietor/Partnership	
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Other (specify)	

Certification:

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me and
- 2) 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
- 3) I am a US person (including a US Resident alien)

Certification instructions: You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ **Date** _____

Penalties

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Finance Only	
Debarment Certification:	Date

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Authorization for Direct Deposit

I hereby authorize CCTHITA to initiate direct deposits to my account at the financial institution named below. I also authorize CCTHITA to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold CCTHITA 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 CCTHITA 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.

Name and Address (Please Print) <input type="checkbox"/> (new address)	For verification purposes please provide your Social Security Number																				
	Phone Number																				
	Email Address																				
Name of Financial Institution	Financial Institute Phone Number																				
Your Account Number <input type="checkbox"/> Checking or <input type="checkbox"/> Savings																					
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Please attach a voided check, deposit slip or other form of bank verification and return this form to the Finance Department.

 Authorization Signature

 Date

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