

Sitka Tribe of Alaska

Tribal Government for Sitka, Alaska



2020 Cares Act Financial Assistance Application*

This form will be used for Sitka Tribe of Alaska (STA) internal use only. This information contained on this form is not for distribution to any outside agency or entity.

Applicant Information

First Name: _____ MI: _____ Last Name (Maiden): _____

Mailing Address: _____ Physical Address: _____

City/State/Zip: _____ STA Enrollment #: _____

Social Security #: _____ Birthdate: _____

Phone Number: (____) _____ - _____ Email Address: _____

Other individuals in the household (citizen or not a citizen) and relationship:

Is applicant the head of household? Yes No

Certification of Emergency Assistance during COVID-19

I, _____ certify that I am a citizen of Sitka Tribe of Alaska. I hereby request _____ one-time COVID-19 \$250 emergency distribution AND _____ one-time \$1500 distribution (to households in Sitka) OR _____ one-time \$500 distribution (to households outside of Sitka). I will use the assistance to supplement my basic expenses such as paying for rent/mortgage payments, utilities, heating fuel or essential food. With my signature below, I declare that all the above statements are true and accurate.

Signature

Date

* No check will be released until this form is completely filled out and received by STA. Application can be submitted to cares@sitkatriben-sn.gov or address/fax number below

Must be submitted No later than September 30, 2020.