



Nenana Native Association
PO Box 369 Nenana, Ak 99760
907-832-5461 FAX: 907-832-1077

Nenana Native Association Welfare Assistance Program

The Nenana Native Governing Body is assisting its enrollees with various programs to promote self-sufficiency through these difficult times. We understand the pandemic has caused much distress and want to help. The primary purpose and intent of the Nenana’s Tribal Assistance Program are to assist tribal members who are unemployed, economically disadvantaged, disabled, and who are experiencing extraordinary circumstances. The Tribal Assistance Program is designed to help with the unmet needs of enrolled members of the Nenana Native Tribe. Please understand that we have a limited budget allocation per specific line item. Also, upon submission of your application please allow up to two weeks for processing time.

Applicants: To qualify for this financial assistance, the applicant, spouse, legal adult dependent, and any child of the applicant - must be enrolled Tribal Members by the time the assistance is granted. This program applies to all Nenana Native Tribal Members, whether living in or outside of Nenana. If you need assistance with this application, please call our office during regular business hours.

The Economic Financial Assistance amount will be \$1,250.00 for each qualified **Household**. Please allow up to two weeks for processing time. For the Tribal Members living outside of Nenana. (per address on the application),

Applicant Information

(Entering your spouse’s information includes him/her in the assistance for the same location as you, 18 yrs of age in their household; (S-Self, Sp-Spouse)

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

Current Address: _____
 Street Address P.O. Box # (If Any)

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Tribe: _____ Enrollment #: _____

(S)
 SSN#: _____ Birthdate: _____

(Sp)
 SSN#: _____ Birthdate: _____



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Certification of Economic Financial Assistance during COVID-19

I, _____ declare under penalty of perjury that the information in this application is true and correct and that I am the legal guardian of the children, or adult dependent(s) listed above, if any. I authorize Nenana Native Association to use enrollment files to verify my eligibility, including my spouse, and that of my listed dependent(s). I hereby request economic financial assistance for personal, living, and family expenses due to the COVID-19 pandemic, for the following needs:
(Please mark all that apply)

Please Provide The Necessary Updated Statement To Be Considered For The Program.

Enrollees are responsible for the Submittal of Legible Billing Statements:

1. Rent: _____
2. Mortgage: _____
3. Water: _____
4. Electricity: _____
5. Heating Fuel: _____
6. Medical Needs: _____
7. Other, Please Explain: _____

Household—includes hot water heater, stove, refrigerator and windows that affect elder home health and safety

7. Do you have any problems with your Homes Plumbing. Please Explain.

8. Are You Comfortable with Plumbing Inspection by One of our employees? _____



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I understand that this application is need-based due to increases of cost of living, shortages of supply, increased bills due to stay-home orders and quarantine as well as income limitations caused by the COVID-19 pandemic. The following documentation can be provided in support of the above application: proof of hardship (anything from employer saying hours reduced, last check stub, etc.), medical documentation, or copies of utility bills, mortgage statements.
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 supporting documents received by Nenana Native Association.**

=====

Tribal Council Staff Have Reviewed and Verified This Application:

1st Chief – Caroline Ketzler

Date

Secretary/Treasure – Brianna Ketzler

Date

Household expenses do not include property tax or home insurance

Utility bill(s) must be in the tribal member's and/or living relative's name (if in relative's name, that individual must reside at the current residence)

Utilities are specific for electric, natural gas, propane, water. This does not include cable, telephone, internet, and cell phone bills

A crisis is defined as a decisive or critical moment in regards to a client's health and/or life. The following constitutes as a crisis: loss of clothes and/or shelter due to natural disasters, becoming disabled due to illness or accident, and life-threatening sickness to immediate client or family members. Income:

Applicant must meet poverty guidelines set forth by Department of Health & Human Services (DHHS). No income/poverty guidelines, covid approved. This applies to all three assistance programs. Please provide the last 30 days income verification (i.e. check stub, social security, bank statement, unemployment statement, TANF, etc.). Tribal members age 85 and older do not have to provide proof of income.

Absolutely NO CHECKS – Payments Will Be Issued To Vendors Only



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C. INCOME INFORMATION

12. Earned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ _____

13. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income: \$ _____

14. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ _____

D. HOUSING INFORMATION

15.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). **DRAW MAP ON BACK OF THIS PAGE**
16.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
17.	If repair assistance is needed, do you own _____ or rent _____ this house?
	If renting, is the owner Indian? _____ No _____ Yes
	If yes, provide name of owner(s):
18.	Are you living in Overcrowded Conditions? _____ No _____ Yes
19.	Is the condition of the home in a dilapidated state? _____ No _____ Yes

Date of this application: _____

HOUSING INFORMATION, continued.

20.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____.				
21.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet	<input type="checkbox"/> Outhouse
	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Community Water Tank	<input type="checkbox"/> Other (Please describe):
22.	No. of Bedrooms _____.				
23.	House Size: _____ (Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]		
24.	Bathroom facilities in existing house:	Facility	Yes	No	
		Flush toilet			
		Bathtub			
		Sink/lavatory			

E. LAND INFORMATION

25.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the name of the owner(s):			
26.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee	<input type="checkbox"/> Native/Restricted
		<input type="checkbox"/> Individual trust land	<input type="checkbox"/> Tribal trust land	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted	<input type="checkbox"/> Other:
27.	If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> Use permit? <input type="checkbox"/> Indefinite assignment or joint ownership? If so, please explain:			

F. GENERAL INFORMATION

		Yes	No
28.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received \$ _____; the year it was received: 19__ __; and the location of the house:		
29.	Do you own any other house not occupied by your family? If yes, state where the house is located: _____ and who occupies it: _____.		
30.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
31.	Is the HUD project still under operation of an Indian Housing Authority?		
32.	Are you seeking Down Payment Assistance?		
	If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
33.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? If yes, provide date of application: _____		
	• Other? From who: _____ If yes, provide date of application: _____		
34.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
	If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: _____

G. APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if appropriate) _____ Date: _____

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: _____