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**For Assistance in May 2024, Application due by April 26<sup>th</sup>, 2024**

**Local Household Application for Food and Utility Assistance**

Head of Household: \_\_\_\_\_

Household Address (house number and street name): \_\_\_\_\_

PO Box: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of Enrolled Agdaagux Tribal Members in Household: \_\_\_\_\_

Names of Enrolled Agdaagux Tribal Members in Household:

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

Has the ongoing COVID-19 pandemic negatively impacted your household's ability to consistently obtain essential and necessary supplies, such as food? \_\_\_\_\_

Has the ongoing COVID-19 pandemic negatively impacted your household's ability to consistently cover utility expenses? \_\_\_\_\_

Please provide a short statement describing your household's need for aid:

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

Have you applied for any other COVID-19 related food assistance or utility assistance? \_\_\_\_\_

If yes, where did you apply? \_\_\_\_\_

If yes, when did you apply? \_\_\_\_\_

Was your application approved? \_\_\_\_\_

**All applications subject to Tribal Council approval- the Tribal Council retains the right to refuse service and may deny any given application. Assistance through this program is not guaranteed, nor is it a right of any enrolled member.**

Food assistance is set at \$500.00 per household, per month applied for and approved. Utility assistance is set at up to \$250.00 per household. **A copy of your most recent City of King Cove Utility Statement is REQUIRED with your May 2024 Application. The City of King Cove has your statement on file if you need to request a new copy from them.**

Additional comments: \_\_\_\_\_

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

X

Signature

Date