



PETERSBURG INDIAN ASSOCIATION  
 PO Box 1410  
 15 N. 12<sup>th</sup> Street  
 Petersburg, Alaska 99833  
 Phone: 907-772-3636  
 Fax: 907-772-3637

**2024 BIA ARP Act UTILITY/FUEL ASSISTANCE APPLICATION**

This program is open to enrolled PIA members **CURRENTLY RESIDING IN THE PIA SERVICE AREA** on a **PER-HOUSEHOLD** basis.

**Applicant Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Enrollment #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Other individuals in the household (tribal member or non-tribal member) and their relationship:

Name	Relationship	Date of Birth	Enrollment #

**Covid Impact Statement:** (Initial all that apply)

\_\_\_\_\_ - Job Loss

\_\_\_\_\_ - Tested Positive for Coronavirus

\_\_\_\_\_ - Provided Care for Potential or Positive Coronavirus Family Member

\_\_\_\_\_ - Increased economic hardship due to the ongoing effects of Covid-19

\_\_\_\_\_ - Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assistance Available in this Program\***

(Households will receive energy/fuel assistance, subject to available funding)

**A total of \$1000 may be applied to Utilities and/or Fuel accounts.**

Utility - Amount \$ \_\_\_\_\_

Utility Acct. Number \_\_\_\_\_

Fuel - Amount \$ \_\_\_\_\_

Petro Acct. Number \_\_\_\_\_

**IF YOUR UTILITIES ARE INCLUDED IN YOUR RENT, you may request to apply the \$1000.00 assistance to your rent. You must provide a current lease agreement and a W9 from your landlord.**

Landlord's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- **Must attach a copy of your most recent utility bill and/or Petro statement**
- **If splitting the assistance between the two vendors, you must attach statements from both vendors.**
- **You must also include proof of residency if your name is not on the utility bill or Petro statement.**
  - **Example: Lease with your name on the agreement.**
- **Funding for utilities assistance programs is coming to an end and this will be our last assistance until further funding can be obtained.**

**Certification of Emergency Assistance during COVID-19**

I, \_\_\_\_\_ certify that I am a tribal member of the Petersburg Indian Association. I hereby request the COVID-19 Bureau of Indian Affairs ARP Act assistance distribution(s), based on the above initialed and/or marked items, AND/OR the assistance distribution(s) to households. With my signature below, I declare that all the above statements are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*No payment will be released until this form is completely filled out, received, and approved by the Petersburg Indian Association. The application can be submitted to the front desk at Petersburg Indian Association, 15 N. 12th St., **OR** emailed to [officeassistant@piatribal.org](mailto:officeassistant@piatribal.org).

**Must be submitted no later than December 17th, 2024.**

Tribal Approval:

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date