



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

2025 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 \$500.00 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 \$500.00 assistance to your rent. You must provide a current lease agreement and a W-9 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.**

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 taassistant@piatribal.org.

Must be submitted no later than December 15th, 2025

Funding for utilities assistance programs is coming to an end and this will be our last assistance until further funding can be obtained.

Office Use ONLY

Tribal Approval:

Authorization Signature

Date