



Hydaburg Cooperative Association

2020 Cares Act Financial Assistance Application for Tribal Members

- 1) Only one application per household, and applicant must be an HCA Tribal Member
- 2) Applications must be filled out completely, signed and turned in with the following documents
 - a) A copy of applicant's current photo identification (Tribal ID, Drivers license, State ID, Passport)
 - b) Proof of residency (Copy of utility bill or AK State Voting Card)
 - c) Required receipts and/or highlighted statements of items to be reimbursed

First Name Last Name

Mailing Address:

Physical Address:

City State Zip Code

Is applicant the head of household? Yes No

Tribal Enrollment Number: Social Security Number:

Phone Number: Email:

Including the HCA Tribal Member applicant, please indicate how many other HCA Tribal Members, persons enrolled in another Tribe and/or non-Tribal Members live in your household (numbers should add up to total number of people living in household).

HCA Tribal Members Other Tribal Enrollment Member non-Tribal Members

Certification of Emergency Assistance during COVID-19

I, _____, certify that I am a Tribal Member of Hydaburg Cooperative Association. My household is requesting only one of the following (check one box):

- One-time distribution of up to \$1,000 for Hydaburg Tribal Resident Household
- One-time distribution of up to \$350 for Hydaburg Tribal Non-Residents Household

I will use the assistance to supplement my basic expenses such as paying for rent/mortgage payments, utilities, heating fuel or essential food. I will provide all receipts and/or highlighted credit card or bank statements, and I understand that I will only be reimbursed for expenses in which I can provide receipts. With my signature below, I declare that all the above statements are true and accurate.

Signed By _____ Date/Time Field

Receipts/statements provided include (check all that apply): Rent Utilities Groceries

Application can be submitted by dropping off at HCA office, mailing to P.O. Box 349, Hydaburg, AK 99922 OR you may also scan and email the application and all receipts/statements to HCACaresFund@gmail.com

No check will be released until this form is completely filled out and all qualifying receipts for reimbursement are received by HCA. This form will be used for Hydaburg Cooperative Association (HCA) internal use only. This information contained on this form is not for distribution to any outside agency or entity.

Must be received no later than 3:30 p.m. on October 23, 2020