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## U.S. Treasury CARES Act Emergency Financial Assistance Application

The Georgetown Tribal Council authorized an emergency financial assistance program for Tribal members.

The Tribe has developed this application with what it believes follows the *Guidance for State, Territorial, Local and Tribal Governments (updated 09/02/2020)*.

### APPLICATION INSTRUCTIONS

1. This application is open to Georgetown Tribal members. *Note other organization MAY limit the number or amount of assistance received from CARES Act assistance.*
2. Applications are accepted until August 1, 2021, postmarked by this date or submitted to [Info@georgetowntc.com](mailto:Info@georgetowntc.com). This program will continue to operate until the end of the application deadline.
3. Applications must be completed with all necessary documentation as required. Incomplete applications may result in delayed assistance or no assistance at all.

Direct any questions regarding this application to the Georgetown Tribal office at the above phone numbers and addresses.

On Behalf of the Georgetown Tribal Council -Thank you and be safe.

**To be completed by the head of household, non-member parent or guardian, or individual Tribal members.**

Name: .....

Date: \_\_\_\_\_

Marital Stat us: ( ) Single, ( ) Married, ( ) Separated, ( ) Divorced, ( ) Widowed

Date of Birth: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

CellPhone: \_\_\_\_\_

Email: \_\_\_\_\_

Please list all household members, including students who are away for school and non-tribal members.

NAME	RELATION TO APPLICANT	DOB	SEX	ENROLLMENT NUMBER

Please submit their information on a separate sheet for additional household members and attach it with this application.

**ALL APPLICANTS**

Please select all the impacts you or your family may have suffered from the COVID-19 Public Health Emergency since March 2020. Check all that apply. If you need additional space, you can add additional pages if needed. Please provide documentation for the items checked.

- Loss of income (job loss, business closed, furlough, layoff, unable to work full or part-time.)
- Increased cost of health care and health precautions, including any additional costs due to age, underlying conditions or other co morbidities.
- Increased costs of living caused by COVID (difficulty paying rent/mortgage, utilities, transportation expenses, food and other daily living expenses.)
- Additional costs associated with personal and household safety and precautions, including facemasks, hand soap/ sanitizer, household cleaners and wipes etc.
- Other additional financial hardships you and/or your family have personally suffered due to COVID (please explain in detail)

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**CERTIFICATIONS**

**If you are a non-member who is applying for a dependent Tribal Member, please provide the following:**

I certify that I have provided more than one-half (1/2) of the financial support for the member dependent(s) I have listed in this application since the beginning of the pandemic in March 2020 and that the dependent(s) is/are living with me at the time of my certification.

Applicant Signature:

By signing below, I \_\_\_\_\_ (**print name**) certify that the above information is true and correct to the extent of my knowledge. I understand that knowingly submitting false or incomplete information may be considered a crime under tribal, state, and federal law. I further agree that the funds distributed by Georgetown shall be used for the purposes intended under the CARES Act and only for "necessary expenditures incurred due to the public health emergency for the Coronavirus Disease."

I also understand that Georgetown's expenditures on me or my dependents, behalf may be made to vendors and may not be disbursed directly to me.

I acknowledge that the Georgetown Tribal Government must comply with the conditions outlined in the CARES Act and by the U.S. Department of Treasury. All expenditures made on my behalf and those I am applying for may be subject to federal audit by the U. S. Government.

Additionally, should Georgetown or the U.S. Government discover, through an audit or other means, that any expenditures I make from any emergency financial assistance on my, or my dependents, behalf does not comply with the intended purposes of these funds as spelled out in the CARES Act, that I will pay back in full, to either Georgetown or the U.S. Government, any payments, including any interests, penalties, or fees as required by law.

By signing this application, you agree you qualify for this assistance and to abide by all covenants herein:

The following is a short list of allowable costs that applicants may make with any Georgetown CARES Act emergency financial assistance payments, this is not full and complete list.

- Groceries and food for human consumption, other nutritional assistance costs necessary to sustain health and well- being including some subsistence costs.
- Personal care items such as face masks, hand sanitizer, hand soap, hygiene products and specialty clothing necessary to maintain personal health and safety of oneself and others.
- Utility costs for added expenses incurred from tribal, municipal, state and/or federal stay-at-home orders or man- dates, including electricity, heat (heating fuel, firewood, coal etc.) water/sewer, garbage disposal.
- Added costs associated with work-from-home or tele-commuting orders, including additional phone and internet use.
- Additional dependent care costs associated with any of the above reasons, including childcare service or adult-care service.
- Additional medical and health related costs associated with COVID and with any above listed reasons for which you were not reimbursed, including in-home care, prescriptions, health and wellness counseling.
- All additional expenses related to online or distance learning for school-age children (K-12) and post-secondary schools, including tech schools.
- Housing assistance to avoid evictions and foreclosures.
- Housing maintenance to address COVID, including cleaning supplies and cleaning services necessary to maintain a healthy, sanitary, and safe living conditions for you and your family.

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Signature of Applicant

Date