

# COVID-19

GRANT APPLICATION FOR INDIVIDUAL AND HOUSEHOLD ASSISTANCE

BETHEL, AK

## PERSONAL INFORMATION

Name: \_\_\_\_\_

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

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

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

Number of people in home: \_\_\_\_\_

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

Are you a resident of Bethel?  Yes  No

If you are not a resident of Bethel, but you spend or will be spending a significant amount of time in Bethel for work or quarantine or another reason, please describe that reason here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOUSEHOLD STATUS

Please choose your household composition:  INDIVIDUAL or  HOUSEHOLD

Complete for each person if applying as a household:

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

## ELIGIBLE EXPENSES (Check all that apply):

\_\_\_Mortgage/Rent

\_\_\_Electricity (AVEC)

\_\_\_Water & Sewer (City of Bethel)

\_\_\_Cell Phone or Internet

\_\_\_Fuel Oil

\_\_\_Groceries (gift cards provided)

\_\_\_Insurance (auto, home, medical)

\_\_\_Others (please specify: \_\_\_\_\_)

**REQUIRED DOCUMENTATION**

- Completed application form
- Copy of valid photo ID
- One of the following supporting documents:
  - Unemployment letter
  - Furlough letter
  - Letter stating individual is under mandatory quarantine
  - Employer letter stating individual is under work-mandated quarantine
  - Other proof of inability to work or lost/reduced work due to COVID-19

If funds are requested to cover any of the following expenses, please provide these supporting documents:

- Copy of lease agreement/ letter from landlord
- Copy of statement from mortgage company
- Copy of utility bill
- Copy of cell phone bill/internet bill
- Copy of insurance bill
- Copy of fuel bill
- Copy of any other bill for which funds are requested

**DOCUMENTATION & COSTS:**

Please list the amounts needed and attach any supporting documents such as: Invoices for all utility bills, lease agreement, and service bills. Providing documentation helps verify what is owed.

Amount(s) Needed: \$ \_\_\_\_\_ to \_\_\_\_\_  
\$ \_\_\_\_\_ to \_\_\_\_\_  
\$ \_\_\_\_\_ to \_\_\_\_\_  
\$ \_\_\_\_\_ to \_\_\_\_\_

Assistance program cannot exceed \$1,500 per individual applicant or \$2,500 per household, so we may not be able to provide funds to cover all your needs. Please direct questions and provide all documents to Louise Angaiak, Transitional Housing Coordinator at Tundra Women’s Coalition at 907-543-3444.

EMAIL completed applications to [covid.grant@twcpeace.org](mailto:covid.grant@twcpeace.org) or FAX to 907-543-3752. Thank you.

*I certify that I am in need of assistance with expenses as a result of COVID-19-related loss of income or economic hardship. I agree to provide any documentation requested of me by Tundra Women’s Coalition to show that my loss of income or economic hardship is related to COVID-19. I certify that all information given in this application is correct and I authorize Tundra Women’s Coalition or its funders, auditors or contractors to contact any agencies from which I am receiving services.*

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPLICANT NAME (Print):** \_\_\_\_\_