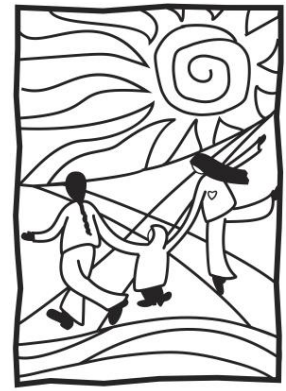


YK Delta COVID-19 **Grant Application for Individual & Household Assistance**

Applications will be accepted and funds distributed on a rolling basis.



Section 1 - Personal Information

Full Name:	<input type="text"/>
Mailing Address:	<input type="text"/>
Physical Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Number of People in Home:	<input type="text"/>

Section 2 - Household Status

Please choose your household composition: INDIVIDUAL HOUSEHOLD

Complete for each person if applying as a household.

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>

Section 3 - Eligible Expenses

Please make a check next to each expense for which you will be applying for funding assistance. Rental assistance is available up to \$1,000 per household and mortgage assistance is available only in very limited circumstances. If you select Other, please list the specific expense.

- | | |
|--|---|
| <input type="checkbox"/> Rent/Mortgage | <input type="checkbox"/> Fuel Oil |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Emergency Childcare |
| <input type="checkbox"/> Water & Sewer | <input type="checkbox"/> Other <input type="text"/> |

In the space below, please list the amounts needed to cover each bill, to which agency the bill should be paid, and what the bill is for:

EXAMPLE:

\$975 to Landlord, Inc. for rent

\$245 to City of Bethel for water bill

Section 4 - Required Documentation

Please remember that rental assistance cannot exceed \$1,000 per household, and we may not be able to provide funds to cover all of your needs.

You must submit the following items for your application to be considered complete:

ALL of the following supporting documents:

- Completed Application Form
- Copy of Valid Photo ID
- Most Recent Paystub or Self-Employment Documentation

Please direct questions and provide all documents to Elizabeth Watson at Tundra Women' Coalition at 907-543-3444. EMAIL completed applications to covid.grant@twcpeace.org or FAX to 907-543-3752.

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 mortgage statement
- Copy of most recent utility bill
- Copy of most recent childcare invoice or receipt

Section 5 - Certification and Signature

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): _____