NATIVE VILLAGE OF CHITINA
P.O. Box 31, Chitina, AK 99566
T: 907-823-2215
Fax: 907-823-2285
tribaladministrator@tsedina.org

Elder Emergency Housing and Utility Assistance Application

APPLICANT INFORMATION

Full Name: _____
Date of Birth: _____ Age: _____
Enrollment Number: _____
Physical Address: _____
Mailing Address: _____
Phone: _____ Email: _____

HOUSEHOLD INFORMATION

Number in Household: _____
Household Members: _____

PRIOR ASSISTANCE

Have you received assistance through this program during the current Tribal fiscal year?
☐ Yes ☐ No
If yes, explain: _____

ASSISTANCE REQUEST

☐ Housing Emergency
☐ Utility Emergency
☐ Heating Fuel
☐ Other
Description: _____

EMERGENCY INFORMATION

Describe the emergency and why assistance is needed:

_____
_____
_____
_____
_____
_____
_____

EXPENSE INFORMATION
Vendor/Landlord/Utility Company: _____
Account Number: _____
Amount Owed: $_____
Amount Requested: $_____

HOUSEHOLD INCOME INFORMATION
Total Monthly Household Income: $_____

OTHER ASSISTANCE RESOURCES
Applicants must seek other assistance first.

General Relief ☐ Applied ☐ Approved ☐ Denied ☐ Pending

Senior Benefits ☐ Applied ☐ Approved ☐ Denied ☐ Pending

LIHEAP ☐ Applied ☐ Approved ☐ Denied ☐ Pending

AHFC ☐ Applied ☐ Approved ☐ Denied ☐ Pending

211 Programs: Which Program(s):_____
☐ Applied ☐ Approved ☐ Denied ☐ Pending

REQUIRED DOCUMENTATION CHECKLIST

☐ Proof of Tribal Enrollment (staff verification needed)
☐ Proof of Age
☐ Proof of Income
☐ Eviction Notice (if applicable)
☐ Lease/Rental Agreement
☐ Rent Ledger
☐ Utility Shutoff Notice (if applicable)
☐ Utility Bill
☐ Fuel Estimate
☐ Denial/Ineligibility Documentation from Other Programs
☐ Other Supporting Documentation requested by Native Village of Chitina

APPLICANT CERTIFICATION
I certify the information provided is true and complete. I have sought other available assistance resources before requesting Tribal assistance.

Signature: _____ **Date:** _____

RELEASE OF INFORMATION
I authorize the Native Village of Chitina to verify information with landlords, utility providers, vendors, and assistance agencies.

Signature: _____ **Date:** _____

TRIBAL OFFICE USE ONLY

Date Received: _____
☐ Approved ☐ Partially Approved ☐ Denied
Amount Approved: $_____
Entity being awarded: _____