



Native Village of Unalakleet

P.O. Box 270  
Unalakleet, AK 99684  
Ph: (907) 624-3622  
Fax: (907) 624-3621

## BIA-ARP EMERGENCY UTILITY ASSISTANCE APPLICATION

### REQUIRED DOCUMENTATION

- Completed application
- State-issued or Tribal ID
- Proof of tribal enrollment
- Past due and current utility bills

Name: _____
Current Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Tribal Affiliation: _____
Regional Corporation: _____

### FAMILY COMPOSITION

Full Name of Family Member	Relation to Head of Household	Date of Birth	Birthplace	Gender	Social Security Number	Occupation
1	<b>self</b>					
2						
3						
4						
5						
6						

**OTHER RELIEF:** Has your household received or do you anticipate receiving another source of public or private subsidy or assistance for the utility costs similar to this program?  Yes  No  
 If yes, what is the name of the program? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, \_\_\_\_\_ authorize the Native Village of Unalakleet (NVU) to receive/release information from/to agencies and financial institutions to verify my/our application for participation in the BIA-ARP EMERGENCY UTILITY ASSISTANCE APPLICATION.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this Authorization is on file with NVU and will stay in effect for one (1) year from the date signed. I/We understand I/we have a right to review my/our file and correct any information that I/we can prove is incorrect.

Applicant 1

**First Name:**

**Last Name:**

**DOB:**

**SSN:**

Applicant 2

**First Name:**

**Last Name:**

**DOB:**

**SSN:**

**Phone Number(s):**

**Mailing Address:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_