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Healy Lake Village Council

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## Healy Lake COVID-19 Emergency Assistance Request

During the duration of the coronavirus outbreak, the Healy Lake Tribe will be accepting applications from those whose health and/or finances have been affected.

We will be evaluating requests based on three criteria:

1. Has your income been affected by the outbreak?
2. Are you incurring extra expenses due to the outbreak?
3. Can the resources you are requesting be met elsewhere?

Please fill out each section of this form to the best of your ability. If we determine that we need more information to process your request, this may delay any funds.

Name \_\_\_\_\_

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

Mailing Address (If different from physical.)

\_\_\_\_\_

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

How has the coronavirus outbreak affected you financially? (*Please check all that apply.*)

I am experiencing reduced income due to the coronavirus outbreak.

I have incurred additional expenses because of the outbreak

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Other: \_\_\_\_\_



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In this section, you will need to provide a detailed account of how the coronavirus has affected you in one of the ways listed above.

*(If you need additional space, please attach an additional sheet of paper with your application.)*

Please include the size of your household if you are responsible for another person.

*(Yourself + dependents = household size)* \_\_\_\_\_

## **Certification**

*Please initial each section to indicate you understand.*



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### Healy Lake Village Council

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This application will be reviewed for approval by a confidential committee. If applicable to your situation, any medical information shared through this request is private information and may not be shared by the review committee with anyone who is not the applicant or medical establishment. Referrals from Chief Andrew Isaac Health Center, Tanana Chief's Conference, Tanana Valley Clinic, etc. may be requested to ensure that you have exhausted the resources available to you. **Initial:** \_\_\_\_\_

This application will be reviewed for approval by a confidential committee. Any personal financial information shared in this request is private information and may not be shared by the review committee with anyone who is not the applicant and essential tribal staff.

**Initial:** \_\_\_\_\_

All of the information provided is true and accurate to the best of my knowledge. I understand that if any of the above information has been purposely falsified I am committing fraud and may not apply for emergency funding again, and will be held accountable to appropriate or pay back any funds that have been paid out under the falsified information under legal penalty.

**Initial:** \_\_\_\_\_

I understand that I may need to submit a medical referral or further show the committee that I am in need of the requested funds. **Initial:** \_\_\_\_\_

I understand that if my use of funds has been deemed irresponsible, not for the intended use, or abusing the system I may be subject to investigation and will not be eligible to apply for funds through the Healy Lake Tribal Council again. **Initial:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_