



CARES Act Emergency and Disaster Relief Financial Assistance Application

The Qawalangin Tribe of Unalaska CARES Act Emergency and Disaster Relief Financial Assistance Program is designed to provide non-taxable economic relief to enrolled Tribal Members of the Qawalangin Tribe of Unalaska with resources to maintain adequate housing, transportation, food, water, medication, utilities, and basic life necessities to help alleviate the financial hardships endured from the loss of income and increased costs due to the COVID-19 pandemic. Payments will be made on Tribal Members behalf to entities to provide relief of financial hardship in the amount of \$500 per member. Funding for this program is provided by CARES Act funding received by the Tribe and designed to comply with CARES Act requirements and guidance issued by the U.S. Department of Treasury.

Applications are due by November 30, 2020 at 4 pm Alaska Time.

Who can apply: Adult enrolled tribal members 18 years of age or older. Members of the same household may apply together. Youth and children (less than 18 years of age) should be included with their custodial parent(s). An approved non-tribal member may apply for enrolled tribal youth or children.

If not enrolled, enrollment must be completed prior to applying. Due to the coronavirus pandemic new enrollments are taking longer than normal.

Type of Support Requested

Please identify entity for payment (address, phone no., and account no.)

- Rent/Mortgage
- Utility
- Medical Bills
- Food Security
- Transportation
- Other _____

Identify Enrolled Tribal Member Applicants

Tribal ID No.	Name (Last, First, and Middle)	Date of Birth (MM/DD/YYYY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing, I, the undersigned, attest that the above information is true and correct to the extent of my knowledge. I understand and agree that the funds distributed on my behalf are being used to purchase essential goods and services to relieve the impacts of COVID-19 and shall not be used otherwise.

Sign	Sign
Print	Print
Name	Name
Date	Date

Please return by: email (cares@qawalangin.com), mail (PO Box 334, Unalaska, AK 99685), or fax (907-581-3644)