



NATIVE VILLAGE OF KOTZEBUE  
KOTZEBUE IRA

**Tribal Member COVID-19 Emergency 2<sup>nd</sup> Financial Assistance Application**  
**ATTACH IRS FOR W9 TO APPLICATION**

Native Village of Kotzebue; Tribal members who were enrolled as of November 9, 2020 are eligible for second emergency financial assistance if you have been impacted by a loss of income or loss of access to other necessities due to the COVID-19 public health emergency. Tribal members that have dual enrollment will not be eligible.

**Please complete this application and submit to the Tribal Office no later than DECEMBER 10, 2020.**  
**attach guardianship paperwork if not parent.**

***Incomplete applications will not be eligible***

**APPLICANT INFORMATION**

First & Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ If Applicant is **not** a tribal member, explain: \_\_\_\_\_

Tribal members over the age of 18 must apply individually; this application also covers children under 18.

FIRST, MIDDLE, LAST NAME (include enrolled name if different)	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TRIBAL MEMBER



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**Please check all need and circumstances that apply due to the COVID-19 public health emergency starting March 1, 2020, to be covered by this application:**

- Layoff or furlough from job, side business, or inability to gain employment
- Daycare, school or educational institution closure
- Subsistence needs such as ammunition
- Gas
- Utilities
- Funeral expenses
- Phone or Internet bill
- Increase in groceries costs
- Health and safety precautions, cleaning supplies
- Rent or Mortgage
- Other \_\_\_\_\_

**AMOUNT REQUESTED** to cover COVID-19 related needs of applicants (state in the order listed above): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (TOTAL: \$ \_\_\_\_\_) (May not exceed \$1,062.00 per tribal member. May include unreimbursed expenses from March 1, 2020 and reasonably estimated projections of COVID-19 expenses through December 30, 2020).

**APPLICANT CERTIFICATION**

I, the undersigned applicant, hereby certify under penalty of perjury, that all information in this Application is true and correct to the best of my knowledge, information and belief.

I understand that all funds I receive as a result of this application must be used for COVID-19 related needs as stated above. I certify that the COVID-19 expenses I have identified will not be covered by CARES Act funds from any other source, including unemployment payments. I certify that I will not apply for funding from any source for the costs, expenses and losses that are covered by funds received from this application. I understand that I will be required to reimburse the Tribe or U.S. government for any misuse of funds or payments made to me based on inaccurate statements or material omissions. The Tribe reserves all rights under law to recover funds paid by mistake of law or fact. I agree to assist the Tribe in obtaining any further verification of submitted information upon reasonable request. I understand if my application is denied I may request a copy of the Dispute Resolution procedure from the Tribe.

\_\_\_\_\_  
Signature of Applicant (Includes legal parent of child under 18)

\_\_\_\_\_  
Date



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If the person completing this Application is a guardian or custodian of a child under 18, or is the guardian, conservator, or power of attorney of an adult tribal member, attach supporting verification.

**For Office Use Only:**

Date Application Received: \_\_\_\_\_ Payment is **approved:** \_\_\_\_ Payment is **denied:** \_\_\_\_

**Partially Approved or Denied (*explain*)** \_\_\_\_\_

Approving Officer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
2 Business name/disregarded entity name, if different from above			
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	Trust/estate		
<input type="checkbox"/> Other (see instructions) ▶ _____		Exempt payee code (if any) _____	
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)	
6 City, state, and ZIP code		Exemption from FATCA reporting code (if any) _____	
7 List account number(s) here (optional)			

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
OR				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*