



Household Utility and Stove Oil COVID-19 Relief Application

Each permanent household in the Northwest Arctic Borough is eligible for **one** distribution of emergency assistance to support utility or stove oil costs under the terms of the Borough’s program and as detailed in this application. The relief is being provided to support residents due to the impact of the COVID-19 public health emergency on the region.

Application Deadline: November 9

Incomplete applications will not be considered.

HEAD OF HOUSEHOLD INFORMATION

First & Last Name: _____

Residence Address: _____ Community _____

Yes No Is this your primary residence? Circle one

Mailing Address: _____ City, State, Zip _____

Telephone Number: _____ Email Address: _____

Utility Relief Options: Each household is eligible for one \$500 utility relief allocation. You may use this for one provider or multiple providers not to exceed \$500.

Electric Service Provider

Provider Name _____

Requested Amount _____

Name on Account _____

Account Number _____

Stove Oil Provider

Provider Name _____

Requested Amount _____

Name on Account _____

Account Number _____

Water and Sewer Provider

Provider Name _____

Requested Amount _____

Name on Account _____

Account Number _____



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Application Checklist (Applications are not considered complete without the following)

- Completed Application
- Submission of latest utility bill (print out, scan, screenshot, photo image)
- Acknowledgement: Payments will not go to applicants but to utility providers on applicants behalf.

Submit applications in person or to Applications@NWABCovid.org. Applications not submitted properly will not be considered.

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, and that I will not apply for funding from any source for costs, expenses and losses that are covered by funds received from this application. I understand that I will be required to reimburse the NWAB or U.S. government for any misuse of funds or payments made to me based on inaccurate statements or material omissions. The NWAB reserves all rights under law to recover funds paid in contravention of the program terms or by mistake of law or fact. I agree to assist the NWAB in obtaining any further verification of submitted information. I understand if my application is denied I may request a copy of the Dispute Resolution procedure from the NWAB.

Signature of Applicant

Date

To *apply* via email Applications@NWABCovid.org

For any questions regarding your application please email Processing@nwabcovid.org

**EACH HOUSEHOLD ONLY RECEIVES ONE ALLOCATION
ASSISTANCE IS ON A FIRST COME FIRST SERVE BASIS**