



Organized Village of Saxman

2020 CARES Act Food Assistance Application for Tribal Citizens

One food card assistance per tribal citizen "household." For the purpose of this application, a "household" is defined as a physical residence in Saxman.

Applicant Information:

First Name: _____ Last Name: _____

Applicant Date of Birth: _____ Applicant Social Security Number: _____ - _____ - _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Household Information:

Identify each family living in your household by listing each adult over the age of 21.

Individual #1: _____ Date of Birth: _____

Individual #2: _____ Date of Birth: _____

Individual #3: _____ Date of Birth: _____

Individual #4: _____ Date of Birth: _____

CERTIFICATION FOR FOOD ASSISTANCE DURING COVID-19

I, _____, certify that I am a Tribal Citizen of the Organized Village of Saxman. My household has been impacted due to the Coronavirus (referred to as COVID-19) and one or more families in my household are high risk or have been economically impacted for one or more of the following reason(s):

Over the age of 65

Underlying health condition (cancer, pulmonary disease, heart disease, obesity, diabetes, smoker)

Household receives income assistance (SNAP, TANF, Medicare/Medicaid, Denali Kid Care) Housing

Housing assistance recipient (LIHEAP, New Mutual Help, NAHASDA)

Signature: _____ Date: _____

A complete application must be turned in with:

- a copy of a government-issued photo ID
- a utility bill showing the physical address of service (Water/Sewer or KPU bill only)