

Ukpeaġvik Iñupiat Corporation CARES Direct Assistance Program Application



Section A – Personal Information

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Mailing Address: _____

Date of Birth: _____ SSN: _____

Phone Number: _____ Email: _____

I am applying as a: UIC Shareholder OR Descendant of a UIC Shareholder

If a Descendant, list the full name of at least one UIC shareholder from whom applicant has legal documents to substantiate descent:

Name of Shareholder: _____ Shareholder's Date of Birth: _____

Section B – Financial Hardship Assessment

I have reviewed the list of expenses and/or loss of income provided on the **CARES Act Direct Assistance Checklist** and certify that I have experienced one or more of the following between March 1, 2020, and November 25, 2021 **and have not been fully reimbursed (and will not be fully reimbursed through any pending application) by other payments or reimbursements from any other Alaska Native Corporation(s), CARES Act Program, or any other federal, state, tribal, or local government assistance for these same expenses and/or losses of income due to:**

Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Financial Hardships | <input type="checkbox"/> Food/Nutritional Hardships | <input type="checkbox"/> Medical-Related Hardships |
| <input type="checkbox"/> Housing Hardships | <input type="checkbox"/> Quarantine/Isolation Hardships | <input type="checkbox"/> Transportation Hardships |
| <input type="checkbox"/> Utility Hardships | <input type="checkbox"/> Childcare/Dependent Hardships | <input type="checkbox"/> Other (attach explanation) |

Section C – Certifications and Acknowledgments (Please Review Thoroughly)

1. I am an Eligible Applicant as defined on the CARES Act Direct Assistance Checklist, and all information contained in this application is true and complete to the best of my knowledge, information, and belief.
2. *If applying as a Descendant:* I authorize UIC to take all actions UIC deems necessary to verify my eligibility as a Descendant of a UIC Shareholder including, but not limited to, contacting the applicant to request a birth certificate or proof of descendancy.
3. **I certify that the unreimbursed financial hardships I have identified above in Section B meet or exceed the one-time payment amount of up to \$2,000.00.** If less than this amount, attach an explanation.
4. I certify that I have not received full payment or full reimbursement for the same expenses, losses of income, or financial hardships for which I am seeking assistance for from any other Alaska Native Corporation, CARES Act Program (e.g., the Paycheck Protection Program), or federal, state, tribal or local government.
5. I understand that receipt of assistance funds may impact my eligibility to receive certain public/welfare assistance benefits and that the tax consequences of receiving grant funds, if any, depend on my individual circumstances and understand that UIC cannot advise me in this regard.
6. I agree to keep reasonable documentation of the expenses for which any funds under this program are received for a minimum of 5 years and, upon request, to assist UIC during that 5-year period by providing copies of that documentation and any further information necessary to verify the information I have submitted relative to those expenses. I understand that any misrepresentations or inaccuracies in the information provided or my failure to keep all documentation of expenses may result in the need for me to repay assistance funds.
7. I agree to waive any and all claims against UIC and its agents arising out of or in any way relating this application and any resulting payments thereunder.

Signature/Legal Guardian: _____ Date: _____

My preferred method of payment is: CHECK OR DIRECT DEPOSIT