



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

2025 ARPA Short Term Program Appliances Application

Native Village of Barrow tribal members may qualify for appliance reimbursements. Assistance may only be granted by the policy below. All members requesting assistance are required to fill out an application for record-keeping and will only be processed if all documents required are provided.

Applicant Information

Applicant Name: _____ Today's Date: _____

D.O.B: _____ Tribal Enrollment #: _____ SSN: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Please state which appliances you are requesting a refund for:

Refrigerator: __ Oven/Stove: __ Freezer: __ Stackable W/D: __ Washer: __ Dryer: __

Please attach a copy of the following documents:

Your government-issued identification, appliance receipt (proof of purchase must contain date, name and address of member), proof of primary residence that the appliances were purchased for.

Financial Hardship Declaration

Have you experienced financial hardships associated with the COVID-19 pandemic?

Briefly describe your situation below: *Do not release sensitive information or details.*



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Washers, Dryers, Refrigerators, Freezers, Stoves and/ or Ovens

[ARPA – SLFRF category 3.13 Social Determinants of Health - Other]

A. Eligibility – Appliance is no longer operational and cannot be serviced. The appliance is continually malfunctioning even after repairs have been made and is older than 10 years; The member currently does not own the appliance, but there is a need for it in the household. NVB tribal membership.

Priority eligibility for:

Elderly (Age 62 or over) – *no income limit.*

Disabled – *no income limit.*

Single-parent homes with children.

Overcrowded homes, or multi-family homes.

B. Application process – Members that wish to apply will have to fill out an application and provide the required information. Proof of purchase with the member's name and address is required. The purchase date must fall after the initial date of this program, which is August 2024. Purchases prior to this date do not qualify for reimbursement. Reimbursements are subject to one item per member, per primary household, per lifetime of the grant. This program is designed to replace appliances that are no longer operational and need replacement or the members do not own the appliance, and the appliance is needed in the household. Appliance upgrades are not approved under this program.

C. Reimbursement Guidelines- Native Village of Barrow may reimburse the following appliances: refrigerators (to cut food waste), freezers (to aid members to be able to support a higher food supply), stoves, washing machines, and dryers to support healthy living. Appliances may be gas or electric. The member may be refunded up to the following: Refrigerator \$800, stove \$700, freezer \$400, washer and or dryer \$800 each dual washer and dryer system top and bottom \$1500.

D. Typical award – Standard, conventional appliances. Award limit: one of each item per member, per primary household. The member must be 18 years or older and be the primary owner/tenant of the household (proof may be required.) This will be one per the period of the grant.

E. **Limited Funding:** The program has a set amount of funding available.



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- F. First Come, First Serve:** Applications will be processed in the order they are received.
- G. Program Closure:** Once funding runs out, no further applications will be accepted, and the program will cease until further funding is obtained.
- H. Application Approval:** Applying does not guarantee approval; if funding is exhausted, applications will be denied.
- I. Policy may be subjected to change in accordance with this grant's federal policies.**

Acknowledgement & Attestation

I understand I do not qualify for assistance if assistance was already granted previously in the same year.

By signing below, the applicant allows Native Village of Barrow to verify that the information provided to participate in the ARPA Short-Term Program for appliance reimbursement; Native Village of Barrow has the right to deny applications.

I am aware that making any false claims, giving misleading information, or failing to inform the Native Village of Barrow Inupiat Traditional Government of changes to my household's eligibility could result in my application being denied or, if assistance has already been provided, the return of any funds that have been given. If the Native Village of Barrow Inupiat Traditional Government deems it appropriate, it could also lead to civil or criminal prosecution.

I hereby certify and attest that I have read and understand the appliance policy above and all the foregoing information and attached documents are true and correct.

Applicant Signature

Date

Applicant Printed Name



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NATIVE VILLAGE OF BARROW OFFICIAL USE ONLY

Receiving Staff Signature

Date

Receiving Staff Printed Name

Approved: Yes No Denial Communicated: Yes No

Reason: _____

ARPA Manager

Finance Director

Executive Director