NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

2026 ARPA Short Term Program
Appliance Application

ARPA Application Checkout List

The following items MUST be completed and verified prior to submitting your application:

1. **Physical Address:**
- ☐ I have provided my physical address.

2. **Mailing Address:**
- ☐ I have provided a PO Box or mailing address.

3. **W9 Form:**
- ☐ I have completed the W9 form with the mailing address where the check will be sent.

4. **Check Preference:**
I would like my check:
- ☐ Mailed to my provided address
- ☐ Picked up in person

5. **Document Verification:**
- ☐ I have verified that all required documents are included.
- ☐ I have marked the list on the application to confirm my documentation is correct.

6. **Current Phone Number:**
- ☐ I have provided a current contact phone number.

Submission Information:
Please submit the application in person at the **Native Village of Barrow main office or email it to **ARPA.application@nvb-nsn.gov**.**

Important Reminder:
All boxes must be checked on the document checklist of the application and the ARPA checklist to avoid automatic rejection; applications will be automatically rejected if all documents are not submitted with your application. Please note that it may take up to 15 business days to process the application from beginning to end, ARPA will contact you once the check is ready. By signing you are certifying that the application is completed with all documents and correct information.

- Member Signature: _____
- Date: _____

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2026 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.*

_____

_____

_____

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 $900, stove $800, freezer $500, washer and or dryer $900 each dual washer and dryer system top and bottom $1600.

d) Typical award – Standard, conventional appliances. Award limit: one for 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.

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

_____

ARPA Manager

Reason: _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here	**Signature of U.S. person**	**Date**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they