NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

2026 ARPA Short Term Program
Emergency Assistance 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: _____

NATIVE VILLAGE OF BARROW
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2026 ARPA Short Term Program
Emergency Assistance Application

Native Village of Barrow tribal members may qualify for Emergency assistance under the ARPA program. To qualify, the applicant must be experiencing financial hardship and meet the income qualification range. This need must be for the member and for their primary residence; rentals and secondary homes do not qualify for this assistance. Assistance will be paid directly; all the required documentation must be provided for the application process. Tribal members must be 18 years or older to qualify for household assistance. Native Village of Barrow has the right to deny any application that may not meet the criteria of the program.

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:** _____

Are you a homeowner or a tenant of a dwelling currently used as your primary residence? ☐ Yes ☐ No

Are you currently employed?

☐ **Yes**, please provide your yearly income. $ _____

☐ **No**, please provide an explanation of why you are unemployed.

_____

_____

_____

Additional Household Member Information

Name	D.O.B.	Annual Income	Income Source
sdf			

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

1. Eligibility – Member must be (18 years or older). This program is for members experiencing a situation of hardship or emergency. Must be a member of Native village of Barrow. Priority eligibility for:
    a. Elderly (above age 62) – *no income limit.*
    b. Disabled – *no income limit*.
2. Application requirements and funding guidelines – All members must complete an application and provide all required documents. Proof of the emergency you are applying for is required. All applications will require the following: Copy of state ID, two most recent pay stubs, 1099 dividends, proof of hardship, monthly expense summary and any extra document that is requested below per the specific aid you are applying for. All documents must be with the application to be considered complete to process. NVB will buy or reimburse the following: Food assistance, financial aid with utilities, medical bills (emergency expenses), medical aid assistance, general emergency assistance due to faulty equipment, floods, earthquake, and fire, last will, hospice, or end of life travel assistance that impact life, health, and safety of the member. The following aid requests may need further information.

    a. Food(does not need to prove hardship)Utility, medical and unforeseen expenses- documents showing hardship, past due and or delinquent account and medical bills. Unforeseen expenses documentation to support the members' request.
    b. Unforeseen medical bills or living expenses- this aid is for unexpected events or circumstances that may place the member in a monetary bind due to the extra bills and expenses. Documents must be presented (overdue bills) past due letters. Documentation showing proof of an emergency is required, or any documentation that will help as proof of this unforeseen event/ circumstance.
    c. Medical aid - Medical note from provider or case management or documentation telling of longevity of medical situation must be provided. (medical issues of 30 days or longer only, less than this time application will be denied)
    d. General emergency aid - Invoice or quote, for faulty equipment or for repairs damage due to fire, flood, earthquake need to be presented if due to this scenario. Homeownership, proof of residence being the primary home is required. Emergencies related to the health and safety of a member will be considered. (recommendations letter that the equipment is

faulty, and health and safety of the member is a stake will be required)

e. Emergency funding assistance – for last will, hospice, or end of life- when member needs to travel out of the local area for immediate family, including grandparents and/or grandchild. Proof of travel and proof of hospice or end of life status is required.

3. Process - This may be either paid for or bought by NVB or as a refund to the member up to the following amounts:

a. Food- up to $250 twice a year or $500 once (no cigarettes, alcohol or energy drinks and candy are allowed).

b. Financial aid for utilities one-time assistance for two months of utilities that if disconnected in danger the well-being of the member.

c. Unforeseen medical expenses or unforeseen living expenses up to $3000.

d. Medical assistance up to $1000 dollars for long medical stays.

e. General aid for up to $5000 in case of faulty equipment, fire, flood, or earthquake.

f. Emergency funding assistance-for last will, hospice, or end of life- when a member needs to travel out of the local area for immediate family, including grandparents and/or grandchild. Travel aid will be provided for $300.

4. Yearly award limits or typical award – Food maximum of $500. Utilities up to $1000. Medical expenses and unforeseen living expenses are $ 3000 per year per member. General assistance for faulty, fire, flood, or earthquake $5000 per year per member. Last will /hospice/end of life travels assistance $300 per member per year.

5. Age Restriction – Members must be 18 years or older and be the primary owner/tenant of the household they are requesting assistance for. This is for primary residence only (this applies to any household assistance (food is for all membership)and proof may be required to prove the primary residency); This will be per the period of the grant.

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

7. First Come, First Serve: Applications will be processed in the order they are received.

8. Program Closure: Once funding runs out, no further applications will be accepted, and the program will cease until further funding is obtained.

9. Application Approval: Applying does not guarantee approval; if funding is exhausted, applications will be denied.

10. Policy may be subjected to change in accordance with this grant's federal

policies.

Financial Hardship Declaration

Have you experienced financial hardships associated with the COVID-19 pandemic that have created or increased the risk of:

☐ Homelessness ☐ Family Violence ☐ Death in family ☐ other.

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

_____

_____

_____

Checklist

It is the responsibility of the applicant to provide all documentation listed below.

- ☐ A copy of homeownership (deed or title) or lease agreement.
- ☐ Copy of government-issued I.D.
- ☐ Copy of two of your most recent paystubs and/or 1099-dividend form
- ☐ Copy of past due invoice or statement
- ☐ Documents that show proof of unforeseen circumstances
- ☐ W-9 form filled out by landlord or mortgage company, or vendor.
- ☐ ROI if required by emergency circumstances

Acknowledgements & Attestation

I understand that providing false information, acquiring federal funding with false pretense or not notifying the Native Village of Barrow of significant changes to my application are grounds for denial of any assistance and/or civil and criminal prosecution that may be conducted by the Native Village of Barrow.

By signing below, I hereby certify and attest that all the foregoing information and attached documents are true and correct. I understand that signing below allows Native Village of Barrow to verify the information provided to take part in the ARPA Short-Term Program for Emergency Assistance.

_____ _____

Applicant Signature **Date**

_____

Applicant Printed Name

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

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