NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

2026 ARPA Short Term Program
Mortgage or Rental 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: _____

2026 ARPA Short Term Program
Mortgage or Rental Assistance Application

Native Village of Barrow tribal members may qualify for mortgage or rental assistance under the ARPA program. Mortgage/rental assistance will only be granted up to five hundred dollars per month, for up to three months, three times per or at once during the calendar year. Tribal members must be 18 years or older to qualify. Please note that Native Village of Barrow has the right to deny any applications per the policy and guidelines.

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 tenant of a dwelling currently used as your primary residence? ☐ Yes ☐ No

Would you like the payment in full or are you applying for a part-time payment of $1500?_____

Are you currently employed? ☐ Yes ☐ No

If yes, please provide your yearly income $_____

Additional Household Member Information

Name	D.O.B.	Annual Income	Income Source

NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

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.*

_____

_____

_____

Mortgage Rental Assistance [ARPA – SLFRF category 2.2 rent, mortgage]

a) **Eligibility – Tenant/ Homeowner is currently living in the residence as their primary residence. The member must be the lessee or owner of the property. Copy of title/lease is required.**
b) **Priority eligibility for:**
c) **Elderly (Age 62 or over) – *no income limit.***
d) **Disabled – *no income limit*.**
e) **Point scores to be decided.**
f) **Application Process – All members 18 years and older may apply. Members that wish to apply must fill out an application form and provide the required documents. *Required documents include copies of your government-issued I.D., lease or deed/title, past-due invoice, or statement, two of your most recent paystubs or 1099 form from other type of income you may receive.***
g) **Typical Award – $500 per month, up to three months, three times per year or up to $4500 once, per household, per the lifetime of the grant. The member must be primary owner or tenant of the residence. Applicants are unable to claim homeownership assistance with ARPA if they have previously claimed homeownership assistance under the HAF grant. Granted assistance must be used towards the applicant's primary residence, additional assistance for residences that are not the primary home of the applicant do not qualify under this program.**
h) **Limited Funding: The program has a set amount of funding available.**
i) **First Come, First Serve: Applications are processed in the order they are received.**
j) **Program Closure: Once funding runs out, no further applications will be accepted, and the program will cease until further funding is obtained.**
k) **Application Approval: Applying does not guarantee approval; if funding is exhausted, applications will be denied.**
l) **Policy may be subjected to change following this grant's federal policies.**

NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

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 invoice or statement from mortgage or lease bill
- ☐ W-9 form filled out by landlord or mortgage company.

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 this form, you are certifying that you have not received assistance from another source for the same aid being applied for with this form, I understand that the funds received must be returned if I have already received such assistance.

If you are unsure if you may have received similar assistance or have a question about whether you have received similar assistance, please state that below:

_____
_____
_____

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 Mortgage/Rental Assistance.

_____ _____

Applicant Signature **Date**

_____

Applicant Printed Name

NATIVE VILLAGE OF BARROW
IÑUPIAT TRADITIONAL GOVERNMENT

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