

AKIACHAK NATIVE COMMUNITY
 P.O. BOX 51070
 AKIACHAK, AK 99551
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 Email: secretary_anc@yahoo.com



2022 American Rescue Plan Act

Name: _____ Date: _____

P.O. BOX or Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone # _____

ALL HOUSEHOLD MEMBERS TO BE LISTED Including From **Ages 0-17** Years Old:

NAME	DOB	AGE	ENROLLED (Y/N)	ENROLL NO.
(Self)				
(Spouse)				

Certification: By signing below, I _____ (print name) certify that the above information is true and correct to the extent of my knowledge. I understand that knowingly submitting false information may be considered a crime under tribal and federal law. I further agree that the funds distributed by the tribe shall be used for General Welfare and only to purchase essential goods and services to relieve the impacts of COVID-19 and shall not be spent on ineligible expenses.

Signature **Date**