



THE EYAK CORPORATION  
**CARES Act Emergency Assistance and  
Disaster Relief Program Application**

**\*\*Applications are due by November 12, 2021\*\***

**1. APPLICANT INFORMATION**

APPLICANT/LEGAL GUARDIAN NAME:	DATE:
SHAREHOLDER NAME (IF APPLYING ON BEHALF OF A SHAREHOLDER):	MONTH AND YEAR OF SHAREHOLDER BIRTH:
MAILING ADDRESS:	
EMAIL ADDRESS:	PHONE NUMBER:

**2. CERTIFICATION** By signing this application, I certify that:

**a.** I have been provided a copy of TEC’s CARES Act Emergency Assistance and Disaster Relief Program Guidelines.

**b.** I have suffered negative economic impact through increased expenditures and/or decreased income due to the COVID-19 public health emergency, including (check all claimed expenditures that apply):

- |                                                                                                                                     |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Job loss                                                                                                   | <input type="checkbox"/> Increased costs for utilities                                     |
| <input type="checkbox"/> Reduction in hours/wages                                                                                   | <input type="checkbox"/> Increased transportation costs for COVID testing and/or treatment |
| <input type="checkbox"/> Loss of self-employment/business income                                                                    | <input type="checkbox"/> Increased costs for remote work/remote schooling for children     |
| <input type="checkbox"/> Housing cost increases (foreclosure, eviction, rent, etc.)                                                 | <input type="checkbox"/> Increased household cleaning and sanitization costs               |
| <input type="checkbox"/> Increased costs for personal protective equipment (masks, face shields, hand sanitizer, etc.)              | <input type="checkbox"/> Other unanticipated costs due to COVID-19 (please list):          |
| <input type="checkbox"/> Increased health care costs (unreimbursed prescriptions, counseling, COVID testing and/or treatment, etc.) | _____                                                                                      |
| <input type="checkbox"/> Increased food costs                                                                                       | _____                                                                                      |
|                                                                                                                                     | _____                                                                                      |

**The negative economic impact through increased expenditures and/or decreased income due to the COVID-19 public health emergency I have suffered that were not covered or reimbursed through state, local, tribal, or other Alaska Native corporation assistance programs is in the amount of \$1,600 or more? Yes  No**

**If no, the negative economic impact through increased expenditures and/or decreased income due to the COVID-19 public health emergency I have suffered that were not covered or reimbursed through state, local, tribal, or other Alaska Native corporation assistance programs is in the amount of \$\_\_\_\_\_.**

- c. The above information is true and correct to the best of my knowledge.
- d. I understand and agree that the TEC assistance payments must be used to address direct impacts from the COVID-19 public health emergency.
- e. I agree to assist in the verification of information provided in this application and to provide additional information to TEC, its auditors, or the federal government if requested.
- f. I have legal authority to bind any Shareholders that I am applying on behalf of.
- g. I acknowledge that I will return any funds to TEC that are not used by December 31, 2021.
- h. The CARES Act prohibits duplication, which means that I may not receive assistance if already receiving the same benefit from another source or program. By signing this application, I attest to not receiving or applying for duplicative CARES Act financial relief from any other state, tribal, or municipal government.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_