



CENTRAL COUNCIL  
*Tlingit & Haida Indian Tribes of Alaska*  
 T&H Community Directed ARPA Program  
 PO Box 25500 • Juneau, Alaska 99801

## Sitka Burial Assistance Program

A T&H Community Directed ARPA Program

### Application for Burial Assistance

**ARPA Community Directed, Sitka Burial Assistance Program:** Sitka T&H Tribal Council wishes to provide supplemental burial expense relief in the amount of \$1000 to T&H citizen households enrolled in the Sitka voting community who have been economically impacted by the COVID-19 pandemic. Either applicant or deceased **MUST** be enrolled with T&H and be registered to vote in the Sitka voting community. **Date of Death must be on or after 4/22/2022.** All requested documents must be submitted before application is reviewed. Payments will be made directly to applicant. Must be 18 years or older to receive funding, exceptions may apply

#### APPLICANT INFORMATION

Applicant Name:		Date:	
Tribal Enrollment Number:	Social Security Number:	Date of Birth:	
Physical Address:	City/State:	Zip Code:	
Mailing Address:	City/State:	Zip Code:	
Cell Phone:	Email Address:		

To Apply for this Community Direct Program, you must have applied for all programs available. Please List all other places you have applied for assistance. (Must list at least one):

#### DECEASED INFORMATION

Name of Deceased:	Tribal Enrollment number:	Relationship to Applicant:	
Deceased Last Physical Address:		City/State:	Zip Code:
Date of Birth:	Date of Death:	Place of Death:	

Deceased Marital Status:     Single     Married     Separated     Divorced     Widowed

All documents must be submitted and application fully complete before financial assistance is considered. Incomplete applications will NOT be reviewed. Date of Death must be on or after 4/22/2022. Either applicant or deceased MUST be enrolled with T&H and be registered to vote in the Sitka voting community.  
**\*\*The Sitka Burial Assistance Program is a relief assistance only and is not considered emergency funding.**

### CERTIFICATIONS

- I certify that I am a United States Citizen
- I certify that I (applicant) OR the named deceased are enrolled with Tlingit & Haida Central Council and registered to vote in the Sitka voting community.
- I certify that to the best of my knowledge the information and documentation I provided to be true. I understand that any misleading or false information may result in delaying or denial of my application.
- I certify that I am submitting this form to Tlingit & Haida to request relief from financial impacts caused by the COVID 19 pandemic
- I certify that I am submitting this form to Tlingit & Haida to request relief for burial costs associated with the named deceased.
- Under penalty of perjury, I certify that : 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

### BURIAL ASSISTANCE DOCUMENT CHECK LIST

The following documentation must be provided at time of application submitted. Incomplete applications cannot be processed.

- Application Form
- Death Certificate (Date of Death must be on or after 4/22/2022)
- Vendor Set up form
- Direct Deposit Authorization form w/banking verification document (not required for a paper check request).

Applicant Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

### T&H ARPA Program Authorization for Direct Deposit

I hereby authorize CCTHITA to initiate direct deposits to my account at the financial institution named below. I also authorize CCTHITA to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold CCTHITA responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until CCTHITA receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

Name and Address (Please Print) <input type="checkbox"/> (new address)	For verification purposes please provide your Social Security Number																				
	Phone Number																				
	Email Address																				
Name of Financial Institution	Financial Institute Phone Number																				
Your Account Number <input type="checkbox"/> Checking or <input type="checkbox"/> Savings																					
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
Transit Routing Number																					
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					

**Please attach a voided check, deposit slip or other form of bank verification and return this form.**

\_\_\_\_\_

Authorization Signature

\_\_\_\_\_

Date