HAINES BOROUGH
CARES Individual Assistance Application

The Haines Borough's Individual Economic Relief Assistance Grant is designed to provide up to $1,000 of CARES Act funds for each adult residing in the Haines Borough who will earn $40,000 or less in taxable income in 2020 ($80,000 for those whose income tax status is Married Filing Jointly) and satisfies the additional program criteria defined below. Qualified dependent children will receive $500 of CARES Act funds. This program is designed solely for individuals who have suffered an economic hardship as a result of the COVID-19 public health emergency due to loss of income. Funds may be used for impacts suffered March 1, 2020 to December 30, 2020 and must be used by December 30, 2020. If approved, payments will be made directly to the applicant.

Applicant's Name _____ _____
First name Last name

Co-applicant's name _____ _____
(If file US Income Taxes as Married Filing Jointly- First Name) Last name

Mailing Address _____

Primary Residential Address _____
(**must** be located within the Haines Borough)

Contact phone number _____Contact email address _____

Eligibility Criteria (If your answer to any of the 4 questions is no you do not qualify for assistance):

1. Will you earn less than $40,000 of US taxable income in 2020 (for single or head of household filer) or $80,000 for a Married Filing Jointly filer?
☐yes ☐no

2. Is your primary residential address located in the Haines Borough?
(Primary residence for the purpose of this application is where you spend at least 6 months/ 183 days of the year)
☐yes ☐no

3. Were you eligible to receive a 2019 Permanent Fund Dividend due to your residence in Haines? (If not, proof of Haines Borough residency will be required to show verifiable proof of Haines Borough residency as of March1, 2020 for each grant recipient)
☐yes ☐no

4. Did you suffer an economic hardship due to the COVID-19 public health emergency due to loss of income (job loss, reduction in hours, job unavailability, etc.)?
☐yes ☐no

Eligible Dependent Children (Claimed on your US Income Tax return):

Name_____ Relation_____ Date of Birth_____

Name_____ Relation_____ Date of Birth_____

Attach additional pages if needed.

Applications are due by 8:00 AM on Monday October 26. Applicants will be notified of the status of their application by email upon review. If the demand for grants exceeds the Borough's available funds, the Borough will prorate the grants equally to all recipients to stay within available funding. Questions about the grant program may be addressed to cares@haines.ak.us or 766-6400.

It is the sole responsibility of the applicant to determine or to seek independent advice as to the tax implications of receiving CARES grant funds. Receiving this grant may affect your eligibility to receive other COVID-19 related financial assistance.

I certify that the information provided in this application is true and accurate and acknowledge that the funds received will be spent for allowable expenditures by the required deadline of December 30, 2020. I agree to assist in the verification of information provided in this application and to provide additional information to the Borough, if requested. In the event that the funds are not used for the purposes specified above, or any information is found to be fraudulent, the applicant is responsible for the full repayment of funds.

_____ _____

Signature Date