

Maniilaq Association Hardship Mitigation Project

Application Form

The Maniilaq Association Hardship Mitigation Project is funded through the State of Alaska Community Initiative Matching Grant, with the purpose of providing emergency food and weather appropriate clothing. Eligibility will be individuals and families who are homeless, indigenous, transient, and/or individuals/families who meet the income eligibility requirement to receive clothing. Maniilaq will make a decision about income eligibility by evaluating if an individual income, to ensure it does not exceed 125% of the Federal Poverty Income Guidelines.

Maniilaq will be using the U.S. Poverty Guidelines issued each year in the Federal Register by the Department of Health and Human Services (HHS) for Alaska. Link to site with 2016 U.S. Poverty Guidelines. <https://aspe.hhs.gov/poverty-guidelines> .

Application will review the following:

- Proof of income (paystubs or unemployment) and residency (electric bill), if applicable. Food stamps and Medicaid benefits will not count as income.
- Household Income will include: Employment, SSI, ATAP, Retirement, GA, Unemployment, shareholder dividends, PFD etc.

Maniilaq Association Hardship Mitigation Project Eligibility Income Chart:

Household Size	Yearly Income	Monthly Income
1	\$18,550	\$1,546
2	\$25,025	\$2,085
3	\$31,500	\$2,625
4	\$37,975	\$3,165
5	\$44,450	\$3,704
6	\$50,925	\$4,244

Food stamps and Medicaid benefits do not count as income.

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Contact Information:

Head of Household Name: _____

Physical Address (N/A if no permanent address): _____

Mailing Address: _____

Home / Message Phone: _____ Cell Phone: _____

Household Income (income before deductions): Include: Employment, SSI, ATAP, Retirement, Unemployment, etc. Provide Proof: paystubs, bank statement, etc.)

Member receiving income:	Source of Income:	Amount:
		\$
		\$
		\$
Total Income:		

*Please list additional Household income on the back.

Emergency Food Ration:

Food aid distributed (single or family):	Date distributed:
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Household Members:

<i>Name</i>	<i>Size</i>	<i>Clothing item</i>	<i>Date distributed</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

*Please list additional members on the back.

Employment Information

Employed: Yes No Name of Employer: _____

Employer Phone: _____