

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 cold weather gear. Eligibility will be individuals and families who are homeless, indigenous, transient, and/or individuals/families who meet the income eligibility requirement to receive emergency aid. Maniilaq will make a decision about income eligibility by evaluating individual or household income 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> .

IMPORTANT - the following will be review for eligibility:

Required attachments with Application

- [Proof of Household Income which includes: Employment paystubs, SSI/SSDI letter of proof, ATAP, Retirement, GA, Unemployment, shareholder dividends, PFD etc.](#)

PROVIDED AID IS FIRST COME FIRST SERVE UNTIL FOOD BOXES, COLD WEATHER HAT AND GLOVE SUPPLIES RUNS OUT.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT THIS FORM IS COMPLETED AND THE REQUIRED ATTACHMENTS ARE SUBMITTED WITH YOUR APPLICATION

INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

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.

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.*

Household Members:

Name	Age	Gender	Gear (Hats - Gloves)	Size
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: _____

How did you find out about Maniilaq Association Hardship Mitigation Project?

KOTZ Radio ____, Maniilaq Health Center ____, NIHA ____, Maniilaq Clinics ____, NANA ____,
IRA ____, Other (please explain) _____

Emergency Food Ration:

Food aid distributed (single or family):	Date Applied:
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