Maniilaq Association Hardship Mitigation Project

Application Form

Email Complete Applications to:

selma.foster@maniilaq.org

Due to our current staffing situation, all completed applications must be emailed or hand delivered to 818 Lake Street (connecting business office) Business Hours 8am-5pm M-F

For village applications, please bring completed application to your local clinic.

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

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.

Approved _____Delivery Date:_____ *For Office Use*	Not Approved_____Reason_____ *For Office Use*

INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

Contact Information:

Head of Household Name:_____

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

Mailing Address:_____

Home / Message Phone:_____ Cell Phone:_____

Food Boxes are subject to availability and are provided First Come First Serve.

You may only apply once every 3 months.

Have you received this food box before? _____If so, When? _____

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:		

Household Members in need of cold weather gear "Subject to Availability"

Name	Age	Gender	(Hat /Glove) Size	Jacket Size
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Employment Information

Employed: □ Yes □ No Name of Employer: _____

Employer Phone: _____

Signature:_____ **Date:**_____