## VILLAGE OF SOLOMON

## MERBOK DISASTER APPLICATION

This application is to serve those tribal community members that had been negatively impacted by the Typhoon Merbok disaster in/around Nome or Solomon. Homes and/or subsistence cabins. VOS offers a one-time relief assistance in applicable expenses related to disaster relief for VOS Tribal

Members who reside in the Nome service area and experienced loss of property due to Typhoon Merbok. Due to limited funding, reimbursement is only available to one member per household on a first come, first serve basis. Payments will be made directly to the Tribal Member. Solomon prefers to make payment by check. This funding will not be considered income for state or federal public assistance programs if you are, or will be participating in those programs. This funding is not considered taxable income by the IRS.

## Photographic proof of loss must be attached to qualify for reimbursement. Please allow 14 days for processing. Completed applications can be emailed to <u>deilah@villageofsolomon.org</u> or placed in the locked mailbox at the VOS office building.

Applicant Name		Provided any other assistance? Circle one: Y N	
VOS Enrollment Number	IF unknown, leave Blank.	Date of Birth:	
Mailing Address	City	State	Zip code
Email Address		Home phone #	Cell phone #
Please circle which properties were impacted:  House  Cabin  Both    Please describe damage and costs/expenses for  repairs/replacements			
TOTAL AMOUNT REQUESTING:\$			
Payment will be made directly to the Applicant after photos and tribal enrollment is verified. Please allow 14 days for processing. Please submit completed application to deilah@villageofsolomon.org			
I, the applicant, certify that the information prov Typhoon Merbok and only to the extent of fundi that any misrepresentations made by me on thi or any future disaster relief that may become av this funding.	ng availability. I further un s application will automatic	derstand that VOS retains sole disc ally disqualify me from being eligible	retion regarding funding decisions and to receive funding through this effort
Applicant Signature			Date
Village of Solomon ONLY		Date:	
Approved by:	proved by: Signed:		