

Copper River Native Association Rental and Utility Assistance Program Application

Name:	e:		
Address:			
City:	State:		Zip:
Telephone:	To	otal Number in I	Household:
Have you applied for Po	ublic Assistance?		
I am applying for:			
Utility Assistance:	Company:		Phone:
Rental Assistance:	Landlord:		Phone:
Child Care Assistance: (Prioritization will be given to essential wo	Company:rkers like responders and medical personn	nel)	Phone:
Income Sources:			
Place of Employment: _			
Manager's Name:			Phone:
Monthly Income:			
Were you: (Circle One)	Furloughed	Job ended	Other:
Have you applied for U	nemployment?		Unemployment Start Date:
I hereby certify that the understand that a false			ct to the best of my knowledge. I efits.
Signature:		Date:	