CARES Act Home Buyer Assistance Application

Return this application by February 1, 2021 to receive assistance with your TNHA Home Buyer Account. Submit to info@tnha.net or mail to TNHA PO Box 409 Utqiaġvik, AK 99723.

Name: _____ Date of Birth: _____

Physical Address: _____ Mailing Address: _____

_____ _____

Home Phone: _____ Work Phone: _____

Email: _____ TNHA Account #: _____

How has COVID-19 affected you?

- ☐ Loss of Employment/Temporary Layoff or Furlough.
- ☐ Reduction in hours/pay.
- ☐ Unable to work or experiencing financial hardship due to no child care/school.
- ☐ Teleworking and related job changes.
- ☐ Children being schooled at home/distance learning.
- ☐ Underlying medical condition requiring staying home to prevent exposure.
- ☐ Over the age of 60 and enduring increased costs related to the COVID-19 pandemic.
- ☐ Difficulty accessing food and essential items.
- ☐ Difficulty paying mortgage/rent.
- ☐ Did not receive federal stimulus funding.
- ☐ Received less than total stimulus funding.
- ☐ Contracted COVID-19.
- ☐ Disabled and enduring increased costs related to the COVID-19 pandemic.
- ☐ Experiencing increased essential costs due to COVID-19 (i.e. paid higher price for essential items, utilities).
- ☐ Added costs for personal and household safety and protection from COVID-19 (PPE, sanitation, etc.).
- ☐ Added expenses for dependent care.
- ☐ Other financial hardship (please explain below).

_____

I attest the information provided in this application is correct and complete. I understand that falsifying information or purposely providing incorrect or misleading information will disqualify me from receiving this subsidy.

Once submitted the application cannot be retrieved for modification, please contact Info@tnha.net for assistance if there is an error. Please retain a copy for your records in the event that you have any questions regarding your application. If you have any questions, you may contact TNHA at (907) 852-7150, between the hours of 9:00 am to 4:30 pm, Monday through Friday.

Sign Here: _____ Date: _____