



BSNC CARES Act Direct Assistance Program APPLICATION

Eligible BSNC Shareholders may submit only one application to Bering Straits Native Corporation (BSNC) unless you are also applying on behalf of a minor who also qualifies as a Shareholder. Please carefully read any instructions and answer every question fully and accurately. Be sure to print clearly. Failure to submit the information requested will result in a delay in processing and may result in a denial of the application.

Section A – Personal Information

First Name: _____ Middle: _____ Last: _____ Suffix _____

Maiden/Other Name (if applicable): _____

Address Change Check this box if this is a new address and you are authorizing BSNC to change your address in your Shareholder Records.

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ SSN (Last 4) _____ DOB _____

Section B – Financial Hardship Assessment

I have reviewed the list of expenses and/or loss of income provided on the **BSNC CARES Act Direct Assistance Checklist** and certify that I have experienced increased costs due to the COVID-19 public health emergency, from one or more of the following financial hardships between March 1, 2020, and Dec. 31, 2021, **and have not received any other payments or reimbursements from any other Alaska Native Corporation(s), CARES Act Program, or any other federal, state, tribal, or local government for these same costs:**

Check all that apply:

- Employment/ Financial Hardships Food and Nutritional Hardships Medical-Related Hardships
 Housing Hardships Childcare/Dependent Hardships Transportation Hardships

Section C – Certifications and Acknowledgments (Please Review Thoroughly)

1. I certify that I am over the age of 18, a current BSNC voting shareholder, have held my shares since Sept. 17, 2021, or before, and that the information provided in this application and any attachments thereto is **true, accurate and complete, and will be made available to and shared with BSNC.**
2. *If applicable:* I certify that I am the parent or legal guardian of the minor shareholder for this form and that this reflects the MINOR'S increased costs and/or financial loss as a result of the COVID-19 pandemic and not the household as a whole.
3. I certify that the financial hardships I have incurred meet or exceed \$2,000.00.
4. I certify that I have not already received, and will not seek, payment or reimbursement from any other Alaska Native Corporation, CARES Act Program (e.g., the Paycheck Protection Program), or federal, state, tribal or local government, for the same expense(s) or financial hardship(s) for which I am currently applying for assistance.
5. I understand that receipt of assistance funds may impact my eligibility to receive certain public/welfare assistance benefits and that the tax consequences of receiving grant funds, if any, depend on my individual circumstances and understand that BSNC cannot advise me in this regard.
6. I agree to keep reasonable documentation of the expenses for which any funds under this program are

received for a minimum of five years and, upon request, to assist BSNC during that five-year period by providing copies of that documentation and any further information necessary to verify the information I have submitted relative to those expenses. I understand that any misrepresentations or inaccuracies in the information provided or my failure to keep all documentation of expenses may result in the need for me to repay assistance funds.

7. I agree to waive any and all claims against BSNC arising from or in any way connected with BSNC's approval and/or denial of this application.

Email your completed application to BSNCCARES@bsnc.net. If you are signing on behalf of an eligible applicant, you must provide a copy of the relevant Power of Attorney or Court Order.

The typed signature is intended to carry the same weight as any other type of signature.

Submitted by:

Signature: _____ **Date:** _____

(PLEASE PRINT)

Name: _____ **Relationship to Shareholder:** _____