



P.O. Box 876822 Wasilla, AK 99687
Office: 907-357-5991 Fax: 907-357-5992
Toll Free Fax: 1-855-KANATAK (855-526-2825)
Email: kanatak@mtaonline.net or tessmcgowan@ymail.com

Emergency Assistance Program Application

All questions marked with an (*) must be completed

Member Information:	Today's Date: ____/____/____
*Name: _____	*Phone: ____ - ____ - ____
* Current Address: _____	Cell: ____ - ____ - ____
*City: _____	*State: ____ *Zip: _____
*email: _____	

Please note: The Emergency Assistance Program provides funds for urgent situations that threaten you or your family's basic needs and quality of life.

***What is the cause of your emergency situation and request for Emergency Assistance?**

(If you need more space, use the backside of this application.)

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Emergency Assistance Program Application

(CONTINUED)

Please answer by circling (Y) for Yes or (N) for No

1. *Did you or anyone in your household received Emergency Assistance in 2014?	Y or N
2. *Did you or anyone in your household receive BBHA Heating and/or Rental Assistance in 2015?	Y or N
3. *Have you applied for BBHA Heating and/or Rental Assistance within the past 30 days?	Y or N
4. *If awarded Emergency Assistance, how would you prefer the funds be dispersed? Grocery Assistance Card or Payment directly to the provider of service	Circle one:
5. What is the amount needed?	\$ _____

Emergency Assistance Applications will be considered in the order that they are received.

*I certify that all information provided by me on this application is true and correct.

Member signature: _____ Today's Date: _____

Internal use only	Date Received:	Received by:	Date Approved/Denied