

## SSI COVID-19 CARES Act Emergency Cash Assistance Application

The Shaan-Seet Incorporated (SSI) Board of Directors approved an emergency financial assistance program for SSI shareholders to alleviate financial hardships caused by the COVID-19 public health emergency. The program begins on September 15, 2021 and ends either on November 1, 2021 or until funds are expended, whichever occurs sooner. Applications must be *received* by SSI before the funds are expended or no later than November 1, 2021.

### APPLICATION INSTRUCTIONS

1. This program is available to Shaan Seet Shareholders as of September 15, 2021. People who are not Shaan Seet shareholders on this date, but who are listed as the custodian for a dependent Shaan Seet shareholder are also eligible to apply for this program on behalf of that shareholder.
2. Applications must be received by SSI before the funds are expended or no later than November 1, 2021 whichever occurs sooner. Applications can be submitted in the following ways:
  - Email: [contact@shaanseet.com](mailto:contact@shaanseet.com).
  - Fax: 907-826-3980
  - Mail to: Shaan Seet Inc. PO Box 690, Craig AK 99921
  - In person at the Shaan Seet office: 501 Main St., Craig AK 99921
3. Applications must be complete. Incomplete applications may result in delayed assistance or no assistance at all.
4. Applications will be processed on a first come first serve basis. Applicants can expect their cash assistance payment 3 – 4 weeks from the date the application is received and processed by SSI.
5. Applicants must certify that they have not received funding from other entities for the impacts of COVID-19 listed on this application. Federal Regulations dictate that these funds may not be used if there is a duplication of service.

With questions or to request an application, please contact the office at 907-826-3251.

### ***To be completed by the Shareholder or Custodian for Shareholder.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Preferred method of contact (*Please complete at least one method*)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*The CARES Act requires that all payments from the Coronavirus Relief Fund only be used to cover expenses that were necessary expenditures incurred due to the COVID-19 public health emergency; were not accounted for by you as of March 27, 2020; and were incurred by you between March 1, 2020 and December 31, 2021.*

Please select all the financial impacts you or your family may have suffered from the COVID-19 Public Health Emergency since March 2020. Check all that apply. You can add additional pages if necessary.

- Loss of income (job loss, business closed, furlough, layoff, unable to work, work hours reduced)
- Increased cost of health care and health precautions, including any additional costs due to age, underlying conditions or other co-morbidities.
- Increased cost of living caused by COVID-19: difficulty paying rent/mortgage, utilities, transportations expenses, food and other daily living expenses.
- Additional cost associated with personal and household safety and precautions including facemasks, hand soap, sanitizer, household cleaners and wipes, etc.
- Other additional financial hardships you and/or your family have personally suffered due to COVID-19 (please explain in detail)

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- I certify that I have not received funding from other entities for the impacts of COVID-19 that I have listed on this application.

By signing below, I \_\_\_\_\_ (**print name**) certify that the above information is true and correct to the extent of my knowledge. I understand that knowingly submitting false or incomplete information may be considered a crime under tribal, state, and federal law. I further agree that the funds distributed by Shaan Seet Inc shall be used for the purposes intended under the CARES Act. I acknowledge that the Shaan Seet Inc must comply with the CARES Act conditions and by the U.S. Department of Treasury. All expenditures made on my behalf and those I am applying for may be subject to federal audit by the U. S. Government. If Shaan Seet Inc. or the U.S. Government discover, through an audit or other means, that any expenditures I make from any emergency financial assistance on my behalf does not comply with the intended purposes of these funds as spelled out in the CARES Act, that I will pay back in full, to either Shaan Seet Inc or the U.S. Government, any payments, including any interests, penalties, or fees as required by law.

By signing this application, I confirm that I qualify for this assistance and agree to abide by all conditions and requirements applicable to my receipt of this assistance.

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Signature of Applicant

Date

OFFICE USE ONLY

Shareholder ID # _____	Date Approved _____
Approved by _____	Date Rejected _____
Reason for rejection _____	
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