



Division of Homeland Security and Emergency Management

Individual Assistance Application

Disclosure Statement

DISCLOSURE STATEMENT

Authority: Authority to collect information for your disaster assistance application comes from Alaska Statute 26.23. Eligibility determinations are based on the State of Alaska Administrative Codes 6AAC 94.200 thru 6AAC 94.380 and 6AAC 94.900.

Eligibility to apply: Any resident with primary residence, transportation, personal property damages or medical/dental/funeral expenses as a direct result of the declared disaster.

Information Disclosure: Giving this information is voluntary; however, failure to give us the information may result in a delay or rejection of your request for disaster assistance. If other Government Assistance Programs such as the Small Business Administration (SBA) are available, applicants will be required to apply for them prior to receiving funds from the State Of Alaska Disaster Grant Programs. Information will be given to other agencies from which you are seeking assistance and with other disaster assistance providers to ensure you receive all possible benefits and to check for duplication.

Federal Declaration: If a Federal Disaster is declared then applicants will be required to file an application with the Federal Emergency Management Agency (FEMA) and SBA.

Non-Discrimination Statement: State law requires disaster assistance be given in a fair and impartial manner, without discrimination on the grounds of race, color, religion, nationality, sex, age, handicap, or economic status. If you feel you have been denied assistance for one of these reasons, or if you have been discriminated against in any way, immediately contact the State of Alaska Division of Homeland Security And Emergency Management.

Personal Information

Legal Name (First/Middle/Last)	
Language Preference	
Are you requesting translation / interpretation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Number	
Email	
DOB	

Disaster Details

Do you have urgent disaster related needs so we may refer you to partner agencies?	<input type="checkbox"/> Medication <input type="checkbox"/> Life/Health/Safety <input type="checkbox"/> Food <input type="checkbox"/> Other <u>False</u>
Did your damages occur within the disaster incident period of 5/11/2023 and 5/31/2023?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Home Details

Mailing Address	
Physical Home Address	
Home Ownership	<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent

Subsistence Structure Details

Do you have a damaged Subsistence Structure (like a fish camp)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it a permanent structure (pitched camping tents are not considered permanent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the location of the Subsistence Structure (GPS coordinates preferred)?	

Rental Property Details

Damaged property type	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home
Number of bedrooms	
Number of baths	
Current number of occupants including applicant	
Does anyone in your immediate household meet the social security definition of a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Rent Amount (round up to nearest dollar amount)	
Do you have insurance for the peril that caused the damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of insurance deductible	
Condition of Primary Residence	<input type="checkbox"/> HABITABLE: building can be secured, water, sewer, electrical, heating functional, no obvious serious health or safety concerns <input type="checkbox"/> NON HABITABLE: can't be secured, uncontrollable weather intrusion, loss of water, sewer, electrical or heating, obvious serious health or safety concerns
Essential personal property disaster losses	<input type="checkbox"/> Clothing <input type="checkbox"/> Appliances <input type="checkbox"/> Medical <input type="checkbox"/> Furniture <input type="checkbox"/> Transportation
Are you living in your home now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Damage Narrative: Please describe your damages from the disaster	

Applicant's Statement and Release

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I agree to all of the following and understand that receiving disaster assistance will require further action on my part as an active participant in my disaster recovery process.

The information I have given is true, complete and correct to the best of my knowledge. I understand if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid; it is a violation of State laws, which carry severe criminal and civil penalties.

If Small Business Administration (SBA) loans are made available, I understand that I may be required to apply for a loan through SBA before the State of Alaska can issue Disaster Recovery Grant Funds to their applicants.

I have not received or refused assistance from other means for all or part of the expenses for which I am applying, including SBA.

If the disaster-related damage is due to a flood, eligibility may be limited or may require additional future insurance.

I will refund to the division any part of a grant made for which assistance from other means is received or that is not spent as identified in the grant document.

I will abide by the requirements of any grant I receive, including but not limited to: providing appropriate documentation and receipts; meeting all deadlines; purchasing only eligible items; and so on.

Failure to comply with any or all grant requirements may result in ineligibility for future disaster assistance.

I authorize the State to verify all information given by me in order to determine my eligibility for disaster assistance. This release authorizes the division to inspect the damages reported here to determine eligibility and ongoing program compliance as necessary while I am present. If I do not allow these inspections, my application will be denied or program participation terminated.

By submitting this application, I certify that I have read, or had read to me, the disclosure statements contained within this form, and I acknowledge and understand as the applicant, if approved, I will be the individual whom the funds are granted.

Most communications with the State of Alaska are considered part of the public record and may be subject to disclosure under AS 40.25.110 - 40.25.120. Personal information obtained through the State of Alaska web site is governed by AS 40.25.300 - 40.25.350. Notice is required when collecting personal information that may become part of the public record.

Terms of Acceptance and Signature

I, the applicant for this Individual Assistance Application, warrant the truthfulness of the information provided in this application.

Signature: _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Division of Homeland Security and Emergency Management use only

Application Number	DAC-	Application Date	
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