



# Chilkoot Indian Association

Federally Recognized Tribe

P.O. Box 490 Haines, Alaska 99827 907.766.2323



## HAINES DISASTER 2020 PROPERTY DAMAGE ASSISTANCE APPLICATION

### A. APPLICANT INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### B. HOUSING INFORMATION:

Location of the property to be repaired (*Give accurate directions to the property*):

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Provide a description of the property damage due to the **December 2020 Disaster**:

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**C. APPLICANT'S CERTIFICATION:**

Please note: *Participants are responsible for all general and routine maintenance of the property.* The Chilkoot Indian Association Rehabilitation Policies prevent expenditure of funding on maintenance activities.

I attest that the property damage specified in this application is attributed to the December 2020 Disaster.

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

**Anyone who knowingly makes false or fraudulent statements in this application is subject to the penalties provided by law (U.S. Code, Title 18, Section 1001).**

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both. June 25, 1948, c 645, 62 Stat. 749.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(If applicable)*

**STATE OF ALASKA**

**FIRST JUDICIAL DISTRICT**

THIS IS TO CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, before me, a Notary Public in and for the State of Alaska, duly commissioned and sworn, personally appeared \_\_\_\_\_ and \_\_\_\_\_, to me known to be the person(s) described herein who executed the foregoing instrument, and acknowledged to me that he/she/they signed the same freely and voluntarily for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**Notary Public in and for the State of** \_\_\_\_\_

**My commission expires:** \_\_\_\_\_

**PLEASE RETURN THE COMPLETED APPLICATION PLUS COPIES OF BOTH THE DEED TO YOUR HOME AND PHOTO IDENTIFICATION TO CHILKOOT INDIAN ASSOCIATION EITHER BY MAIL OR AT THE CIA OFFICE (112 THIRD AVENUE SOUTH)**

**HAINES DISASTER 2020  
PROPERTY DAMAGE ASSISTANCE APPLICATION  
RELEASE AND AGREEMENT NOT TO SUE**

I/we, \_\_\_\_\_, hereby accept property repair services offered by the Chilkoot Indian Association (CIA), under the ICDBG Imminent Threat Grant. The repairs will be made to my/our property known as: \_\_\_\_\_

\_\_\_\_\_  
*Street address ("the Property")*

**Definition of CIA:** As used herein, "CIA" means not only Chilkoot Indian Association but also its Tribal Council, employees, and agents.

**Assumption of risk of loss:** On my/our own behalf and on behalf of all owners of any interest in the Property and my/our heirs and assigns, I/we acknowledge that I/we am/are voluntarily participating in the Repair Program and agree to assume any risk of loss associated with the repairs, unless the loss is the result of CIA's gross negligence or recklessness.

**Release and agreement not to sue:** I/we hereby release, discharge and agree not to sue CIA for any injury to any person or damage or loss of value to any property, real or personal, arising from or in connection with CIA's residence repair service to the Property, from whatever cause, except CIA's gross negligence or recklessness.

**I/WE HAVE CAREFULLY READ THIS RELEASE AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I/WE AM/ARE AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY/OUR OWN FREE WILL.**

**PROPERTY OWNER(S):**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**STATE OF ALASKA**

**FIRST JUDICIAL DISTRICT**

THIS IS TO CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, before me, a Notary Public in and for the State of Alaska, duly commissioned and sworn, personally appeared \_\_\_\_\_ and \_\_\_\_\_, to me known to be the person(s) described herein who executed the foregoing instrument, and acknowledged to me that he/she/they signed the same freely and voluntarily for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**Notary Public in and for the State of \_\_\_\_\_**

\_\_\_\_\_

**My commission expires: \_\_\_\_\_**