



SHAREHOLDER APPLICATION

CARES ACT EMERGENCY RELIEF PROGRAM

Eligible KCorp Shareholders age 18 or older may receive financial Emergency Relief as outlined in KCorp's CARES ACT EMERGENCY RELIEF PROGRAM guidelines, according to the actual expenses attested to and certified to on this form.

Eligibility Requirements:

1. Must be an enrolled K'oyitl'ots'ina, Limited ("KCorp") Shareholder age 18 or older as of November 1, 2021.
2. Each individual KCorp Shareholder age 18 or older must complete, sign and return this application form to KCorp at the below address, no later than **December 31, 2021**. Applications may be mailed, emailed, or faxed. Applications are available for download at www.kcorp.alaska.com. **Applications submitted or postmarked after December 31, 2021 will not be considered.**
3. All claimed expenditures must ***not*** have been reimbursed by an Indian Tribal organization or by any other federal, state, tribal, or local government entity.

Mail Applications to:

Fax Applications to:

Email Applications to:

Attn: Emergency Relief
Program
KCorp, Limited
1603 College Road
Fairbanks, AK 99709

(907) 452-8148

Charlisa.attla@koyitlotsina.com

First Name	Middle Name	Last Name
Date of Birth	Last 4 digits of SSN#	Are you 65 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Email	
Mailing Address		
City	State	Zip Code

1. Did you have at least \$1,200.00 in loss of income and/or additional expenses/costs due to the COVID-19 pandemic for which you did not receive assistance or that were not otherwise repaid?

Yes No

2. If your answer to the previous question is “No,” what was the amount of the loss of income and/or additional expenses/costs due to the COVID-19 pandemic for which you did not receive assistance or that were not otherwise repaid? Amount:

\$ _____

3. In which of the following areas have you been negatively impacted by the COVID-19 pandemic that cause you to need financial assistance for which you have not yet received assistance or otherwise been repaid? Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Job loss due to COVID -19 pandemic | <input type="checkbox"/> Increased costs for utilities |
| <input type="checkbox"/> Reduction in hours/wages | <input type="checkbox"/> Increased transportation costs |
| <input type="checkbox"/> Loss of self-employment/business income | <input type="checkbox"/> Increased food costs |
| <input type="checkbox"/> Closure or loss of childcare | <input type="checkbox"/> Increased cleaning costs |
| <input type="checkbox"/> Increased costs for personal protective equipment | |
| <input type="checkbox"/> Increased cost for remote work/remote schooling for children | |

4. Please use the space below to describe how COVID-19 has affected you and your current unmet needs:

CERTIFICATION AND AUTHORIZATION

By signing my name below, I certify that:

1. I have been provided a copy of KCorp’s CARES ACT EMERGENCY RELIEF PROGRAM guidelines.
2. None of the claimed expenditures have been previously reimbursed by an Indian Tribal organization or by any other federal, state, tribal, or local government entity.
3. All information on this application is true and correct to the best of my knowledge.
4. I certify that I have suffered negative economic impact through increased expenditures and/or decreased income due to the COVID-19 pandemic in the total amount of \$1,200.00 or such lesser amount as is set forth in this application that have not otherwise been previously reimbursed by an Indian Tribal organization or by any other federal, state, tribal, or local government entity. I certify that I need emergency financial assistance due to the COVID-19 pandemic.
5. I certify that any payment I receive from KCorp’s CARES Act Emergency Relief Program will be used for emergency needs due to the COVID-19 pandemic or to reimburse me for previous expenditures I have made for such needs that have not otherwise been previously reimbursed by an Indian Tribal organization or by any other federal, state, tribal, or local government entity.
6. I certify that I will keep all receipts for all items purchased or paid for with KCorp’s CARES Act Emergency Relief payment for a period of 5 years after the conclusion of the 2021 calendar year.
7. I acknowledge and accept that I may be required to repay KCORP for my improper use of KCorp’s CARES Act Emergency Relief funds according to applicable federal CARES Act guidelines.

Signature	Printed Name	Date
-----------	--------------	------

Only if you are signing by marking an “X”, please have one witness sign and print his/her name below:

Witness Signature	Printed Name	Date
-------------------	--------------	------