NSB CWAT ALTERNATIVE SHIPPING ASSISTANCE APPLICATION

Point Hope, AK, Point Lay, AK, and Kaktovik, AK, Only

The following information is required for our files so we can better serve you.
Please fill in all portions of this form and submit to **HousingDevelopment@north-slope.org**
If you have any questions, please contact the NSB Housing Department at (907) 852-0203.

FOR THIS PROGRAM, PLEASE COMPLETE THE FOLLOWING SECTIONS:

Date:		**Village/Location:**	
Applicant Name:		**Date of Birth:**	
Physical Address:		**Email Address:**	
Mailing Address:		**Phone Number:**	
Are you indebted to NSB? ☐Yes ☐No		**Do you have a claim against the NSB?** ☐Yes ☐No	
Are you at least 18 years of age as of the date of this application? ☐Yes ☐No			
List Family Members and Relationship to Applicant:			
Have you been a resident of the North Slope Borough for 2 or more years from the date of this application? ☐Yes ☐No Additional documents may be requested to verify residency.			
Provide 3 local references to verify residency:			
1. Name:	Phone #:	Email:	
2. Name:	Phone #:	Email:	
3. Name:	Phone #:	Email:	

NSB Housing Shipping Assistance Program Information:

- **Assistance will cover 50% of approved shipping costs per calendar year.**
- **Maximum payment of $5,000 per family per calendar year, limited to one payment per calendar year. Example: $10,000 shipping costs, NSB shall cover $5,000 if approved.**
- **Assistance will be towards shipment of vehicles, lumber, fuel tanks, sewer tanks, and home goods, etc.**
- **Deadline for applications to be received is no later than close of business 180 days after shipping receipt has been given.**

☐ Attach copy of valid photo identification.

☐ Attach itemized receipts that detail what was shipped. Itemized receipt dates cannot be earlier than the effective date of this program, December 3, 2024, and no later than 180 days after payment of shipping costs.

☐ Provide description of what you are seeking reimbursement for:

_____

_____

☐ I have read and understand the NSB CWAT Alternative Shipping Assistance Program handbook.

By signing below, I agree that all the information provided in this application is true to best of my knowledge, and I understand that any attempt to mislead the NSB shall be cause for immediate termination of the application process.

Applicant Printed Name	Applicant Signature	Date

OFFICE USE ONLY:

DATE RECEIVED: _____

APPLICATION NUMBER: _____

REVIEWED BY: _____

PREAPPROVED AMOUNT/Date: $ _____

DEPARTMENT APPROVAL: _____

APPROVAL DATE: _____