



**DECLARATION OF FINANCIAL HARDSHIP RELATED TO COVID-19
(FOR ARTISANS, CARVERS AND SCULPTORS)**

I, _____, declare under penalty of perjury that the
(print artist-carver or sculptor's name)
following is true:

1. I am a full-time year-round resident of the area served by the Nome Joint Utility Service.
2. As a result of the COVID-19 public health disaster emergency, money available to me from all sources, including payments from the state or federal government because of the COVID-19 public health disaster emergency, is insufficient to pay the reasonable cost of food, housing, health care, and other goods and services vital to my health and wellness or that of my spouse and dependents ("COVID-19 Financial Hardship").
3. This hardship which may be related but not limited to loss or reduction in sales, extra expenses because of COVID-19, etc., has existed since or started subsequent to March 1, 2020 and is still in effect as of the date of this Declaration.
4. I am applying to the City of Nome for a \$500.00 assistance grant, and wish to be considered for any future COVID-19 assistance programs which may be made available to assist artisans-sculptors.
5. Should things change, and I am no longer suffering from COVID-19 Financial Hardship, I will inform the City or its designee, in writing.
6. Please submit a W-9 if requesting funds for the first time.

Artist/Carver/Sculptor's Name

Signature

Date

Street Address

Telephone #

Email address