

# 2020/21 Statewide Salmon Disaster Relief

## 2020 Norton Sound, 2020/21 Yukon, & 2020 Kuskokwim River

### SUBSISTENCE HOUSEHOLD APPLICATION

#### IMPORTANT:

- ❖ **Subsistence households may only qualify for disaster funds in one area.**
- ❖ **To receive fishery disaster assistance, a household member may submit a single application for the entire household.**

#### CRITERIA FOR RELIEF:

- All household members **MUST** be Alaskan residents, verified by one of the following:
  - Eligible to receive the 2021 Alaska Permanent Fund Dividend (PFD) for calendar year 2020\*.
  - Possessed or eligible for a 2020\* Alaska resident sport fishing license from ADF&G.
  - Registered as a resident in 2020\* with the Commercial Fisheries Entry Commission (CFEC).
  - Held a subsistence or personal use permit in 2020\* from ADF&G in the specified areas (Norton Sound – Port Clarence, Yukon, or Kuskokwim).
    - Personal use permits are only for proving residency and **NOT** eligible for relief.
- Applicants **MUST** be at least 18 years old as per federal guidelines.
- Applicants **MUST** self-certify they are not barred from receiving federal funds and are not on the federal “do not pay” list.
- Alaskan Household Eligibility:

A “household” is defined as individuals sharing the same permanent residence.

  - All Alaskan households participating in Norton Sound – Port Clarence, Yukon, or Kuskokwim subsistence fisheries can apply, regardless of address.
  - Only one application is allowed per household.**
- Applicants **MUST** self-certify that at least one household member participated in salmon subsistence fishing in at least two of the previous four years (2016-2019) in the Norton Sound – Port Clarence, Yukon, or Kuskokwim areas.
  - Participation includes harvesting, sharing, or using salmon.
    - A sport fishing license is **NOT** required.
- Applicants **MUST** self-certify that their household was negatively impacted in accessing subsistence salmon fisheries in 2020\* due to the fishery disaster.

\*For Yukon River households, criteria can be met for either 2020 or 2021.

#### REQUIREMENTS FOR PAYMENT:

- MUST** sign this application / affidavit.
- MUST** initial all self-certification statements.
- MUST** submit a completed and signed W-9 tax form.
  - A W-9 form **MUST** accompany this application.
- MUST** postmark application for return no later than **Saturday, September 28<sup>th</sup>, 2024**.
  - Applications postmarked late will NOT be accepted.**
- ALTERNATIVELY**, completed applications may be uploaded to PSMFC’s ShareFile online depository.
  - Those uploading completed applications **MUST** do so by **11:59pm (AKDT) on Saturday, September 28<sup>th</sup>, 2024**.
    - Applications uploaded late will NOT be accepted.**

**ALL FUNDS RECEIVED ARE TAXABLE - Subject to Self-Employment and/or Income Taxes.**

## DISTRIBUTION OF FUNDS:

- Subsistence households in the Norton Sound, Yukon River, and Kuskokwim River areas are eligible for direct payments based on the number of shares they qualify for, and the total amount of proposed funds allocated to each area as follows:
  - 2020 Norton Sound: \$234,680
  - 2020/2021 Yukon River: \$12,548,366
  - 2020 Kuskokwim River: \$548,547
- Eligible applicants will be placed into tiers based on household size in 2020 and/or 2021 for Yukon River households.
- Smaller households with 1-3 members will be eligible for one share and larger households with four or more members will be eligible for two shares.
- Once all applications have been received, the total number of shares in each area will be determined and payments for applicants will be calculated accordingly.

### Return your completed application and W-9 to:

- **MUST** postmark application for return no later than **September 28<sup>th</sup>, 2024.**

Pacific States Marine Fisheries Commission  
Attn: 2020/21 Statewide Salmon Disaster  
205 SE Spokane Street, Suite 100  
Portland, OR 97202

OR

### PSMFC ShareFile Upload:

- Uploads **MUST** be submitted by **11:59pm (AKDT) on September 28<sup>th</sup>, 2024.**

<https://psmfc.sharefile.com/r-r73074264cf8547458a925a7305b4eb2f>



- For spend plan questions, please contact ADF&G at: [dfg.com.fisheriesdisasters@alaska.gov](mailto:dfg.com.fisheriesdisasters@alaska.gov)  
or call Darion Jones: (907) 267-2593

- For application questions please contact PSMFC at: [AKFishDisaster@psmfc.org](mailto:AKFishDisaster@psmfc.org)  
or call (888) 517-7262

**ALL payments will be issued at the same time, after the close of the application period.**

**Your payment will be mailed to the address on your W-9 form. Please be certain that address is correct and is where you receive mail.**

**ALL FUNDS RECEIVED ARE TAXABLE - Subject to Self-Employment and/or Income Taxes.**

# 2020/21 Statewide Salmon Disaster Relief

## 2020 Norton Sound, 2020/21 Yukon, & 2020 Kuskokwim River

### SUBSISTENCE HOUSEHOLD APPLICATION

**Household Representative:** \_\_\_\_\_  
(Last) (First) (MI)

**Physical Address:** \_\_\_\_\_  
 [Where you physically live] (Street) (City) Alaska  
(State) (Zip)

**Mailing Address:** \_\_\_\_\_  
 [Where you receive mail] (Street / PO Box) (City) Alaska  
(State) (Zip)

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please note, applicants **MUST** provide a monitored contact. Failure to do so may lead to disqualification if issues arise. If errors are identified, applicants will have only two weeks from initial contact by PSMF to correct them. Unaddressed issues after this period will result in disqualification.

#### QUESTION 1:

Number of household members (meeting criteria for relief) sharing the same permanent residence:

Select only one option

1-3

≥ 4

#### QUESTION 2:

I or another member of my household participated in a salmon subsistence fishery in at least two of the previous four years (2016-2019) for which we are applying for.

Select only one option

**Norton Sound – Port Clarence Area**  
defined at 5 AAC 01.150

**Yukon Area**  
defined at 5 AAC 01.200

**Kuskokwim Area**  
defined at 5 AAC 01.250



Additional questions on back

**ALL FUNDS RECEIVED ARE TAXABLE - Subject to Self-Employment and/or Income Taxes.**

**Self-Certifications:**

I certify under the penalty of perjury that the following are true.

**MUST** initial all statements below in acknowledgment.

\_\_\_\_\_ I certify that all of the household members in Question 1 are Alaskan residents and can be verified by one of the mentioned methods, e.g., eligible to receive the 2021 Alaska PFD for calendar year 2020.

\_\_\_\_\_ I certify that I am not a minor and am at least 18 years old as of the signing of this application.

\_\_\_\_\_ I certify that I am not debarred from receiving federal funds and am not on the federal “do not pay” list.

\_\_\_\_\_ I certify that at least one household member counted in Question 1 participated in salmon subsistence fishing in at least two of the previous four years (2016-2019) in the Norton Sound – Port Clarence, Yukon, or Kuskokwim areas.

\_\_\_\_\_ I certify that my household was negatively impacted in accessing subsistence salmon fisheries in 2020 (and/or 2021 for Yukon applicants) due to the fishery disaster.

**I certify that this application is accurate and true, I meet all qualifications, and I am eligible for the 2020/21 Statewide Salmon Disaster Relief Funds.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**ALL FUNDS RECEIVED ARE TAXABLE - Subject to Self-Employment and/or Income Taxes.**

## W-9 Form Instructions

Errors and omissions made on W-9 forms are the largest contribution to delays in processing applications. Please note, without a complete W-9 form we cannot process your application.

Please review the following guidance for completing your W-9 form. Additional guidance and forms can be found at [www.irs.gov](http://www.irs.gov)

1. If you are an **individual / sole proprietor** you **MUST**:
  - List your name on line #1,
  - Use your Social Security Number,
  - Enter your legal address,
  - Sign the form,
  - Date the form.
2. If your business is a **single-member LLC** you **MUST**:
  - List the name of the individual or the business/partnership who owns the LLC on line #1,
  - List the name of the LLC on line #2,
  - If an individual is listed on line #1, use their Social Security Number or if a business or partnership is listed on line #1 use their Employer Identification Number (EIN),
  - Enter your legal address for the entity listed on line #1,
  - Sign the form,
  - Date the form.
3. If your business is a **C-Corporation, S-Corporation, Partnership** you **MUST**:
  - List the Business Name line #1,
  - Use an Employer Identification Number (EIN),
  - Enter the business's legal address,
  - An authorized representative must sign,
  - Date the form.
4. If you are a **Trust/Estate** you **MUST**:
  - List the name of the trust or estate on line #1.
    - Living or revocable trusts (trustee is current alive) would be required to use a Social Security Number.
  - Irrevocable trusts (trustee is deceased) would be required to use an Employer Identification Number (EIN),
  - Enter the trust/estate's legal address,
  - An authorized representative must sign,
  - Date the form.
5. If you are an **LLC-C, LLC-S, or LLC-P (not common)** you **MUST**:
  - List the Business Name on line #1,
  - Use an Employer Identification Number (EIN),
  - Enter the business's legal address,
  - An authorized representative must sign,
  - Date the form.

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate			
	<input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____			
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)
<b>6</b>	City, state, and ZIP code			
<b>7</b>	List account number(s) here (optional)			

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they