

Lower Elwha Klallam Tribe Temporary Assistance for Needy Families

3080 Lower Elwha Road (360) 565-7257 Port Angeles, WA 98363 <u>www.elwha.org</u>

APPLICATION FOR TANF SERVICES FAMILY, MINOR PARENT AND PREGNANCY

TANF SERVICES

TANF Services are available for eligible families with children and for pregnant women. Cash grants are issued monthly to assist with the basic needs of the children in the family unit.

ELIGIBILITY CRITERIA

You must meet the following requirements to be eligible for LEKT TANF Services:

- 1. If living within the boundaries of the Lower Elwha Reservation and/or Service area, there must be an enrolled member of a federally recognized tribe living in the family unit.
- 2. Child/Children's income must not exceed the income limitations based on size of family unit.
- 3. Must not exceed the income limitations based on size of family unit. Income limitations are based on 300% of the Federal Poverty Level for the year in which the application is received.

Family Assistance	Shelter Payment	Non-shelter Payment	Income Limit
Unit Size	Standard	Standard	
1	\$452.00	\$298.00	\$990.00
2	\$607.00	\$401.00	\$1,335.00
3	\$763.00	\$504.00	\$1,680.00
4	\$919.00	\$607.00	\$2,025.00
5	\$1,075.00	\$709.00	\$2,370.00
6	\$1,231.00	\$812.00	\$2,715.00
7	\$1,387.00	\$915.00	\$3,061.00
8	\$1,542.00	\$1,018.00	\$3,408.00
9	\$1,710.00	\$1,128.00	\$3,754.00
10	\$1,877.00	1,239.00	\$4,101.00

4. Must be a Citizen of the United States or a certified Legal Alien Resident

To avoid any delays in determining eligibility, the following items must be submitted:

- 1. Certificate of Indian Blood (CIB) for at least one person in the family unit.
- 2. Social Security Card for each adult and child in the family unit.
- 3. State Certified Birth Certificates for each adult and child in the family unit.
- 4. Verification of all household income, both earned and unearned, for the previous 60 days.
- 5. Proof of school enrollment for each child that is six years of age or older.
- 6. W-9 is required for all TANF Cases for the following finance reason;
 - a. All TANF applicants and for any address change;
 - b. All Vendors for supportive services (Landlords, insurance agencies, etc.)

For all required documentation, please ask if you need assistance in acquiring or do not understand what it is that you must provide. All applications and documentation can be submitted by emailing to lekt.tanf@elwha.org.



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APPLICATION FOR TANF SERVICES FAMILY, MINOR PARENT AND PREGNANCY

HOUSEHOLD INFORMAITON

Must be completed for all adults and children in the family unit.

		-	•	another sheet list	ing their information	n.
I am applying for a:			Minor Pa	rent Case · Proprent	egnancy Case	
Head of Household					CIF#_	
First Name	Middle		Last Name		Suffix (Jr, Sr, II)	
Alternate Names						
Gender	1	Date of	Rirth	Social Security Nun	nher	US Citizen
Male Female	LGBTQ	Date of	Dittil	Social Security Pull	illoci	Yes No
Tribal Affiliation		Enrollr	nent #	Disabled	Pregnant	
				☐ Yes ☐ No	Yes No	If Yes, Due Date:
Street Address			City		State	Zip Code
Mailing Address			City		State	Zip Code
Phone #		Alterr	l native Phone #		Email	<u> </u>
Marital Status		Highe	st Education Leve	el Completed		
☐ Single, Never Married☐ Separated☐ Widowed☐	☐ Married ☐ Divorced	Less than High School Diploma or GED Highest Grade Attended: Bachelor's Degree Associates Degree Other Credentials - Graduate/Master's Degree (Ex. CDL, Vocational Certifications				
Spouse/Significant Ot	her				CIF#_	
First Name	Middle		Last Name		Suffix (Jr, Sr, II)	
Alternate Names						
Gender		Date of	Birth	Social Security Nun	nber	US Citizen
☐ Male ☐ Female ☐	LGBTQ					☐ Yes ☐ No
Tribal Affiliation		Enrollr	nent #	Disabled	Pregnant	
				☐ Yes ☐ No	☐ Yes ☐ No It	f Yes, Due Date:
Phone #		Alterna	tive Phone #		Email	
Marital Status		Highes	t Education Level	Completed		
☐ Single, Never Married	☐ Married	Less t	han High School D	Diploma or GED	High School Diploma o	r GED
Separated Separated	Divorced	_	est Grade Attended	l:	Bachelor's Degree	
Widowed			iates Degree ate/Master's Degre	ee	Other Credentials - (Ex. CDL, Vocational	Certifications, etc.)
			- 8		,	, ,

Child #1						CIF#	
First Name	Middle		Last Name			Suffix (Jr, Sr, II)	Date of Birth
Gender Male Female		ial Security N	umber		Relation	nship to HOH	
Tribal Affiliation		Enrol	lment #	Disable	ed s 🗌 No	Teen Parent Yes No I	f Yes, Due Date:
Father's Name			Father's Statu		ent from Ho	me Deceased	
Mother's Name			Mother's Stat ☐ In Home		ent from Ho	me Deceased	
Current Grade Level	School Attending				Teacher	ſ	
CL 11 1/2	I				L	CIE!!	
Child #2 First Name	Middle		Last Name			Suffix (Jr, Sr, II)	Date of Birth
Gender Male Female		ial Security N	umber		Relation	nship to HOH	
Tribal Affiliation	1	Enrol	lment #	Disable Ye	ed s 🗌 No	Teen Parent Yes No I	f Yes, Due Date:
Father's Name		•	Father's Statu		ent from Ho	me Deceased	
Mother's Name			Mother's Stat		ent from Ho	me Deceased	
Current Grade Level	School Attending				Teacher	r	
Child #3						CIF#	
First Name	Middle		Last Name			Suffix (Jr, Sr, II)	Date of Birth
Gender Male Female		ial Security N	umber		Relation	nship to HOH	
Tribal Affiliation		Enrol	lment #	Disable Ye	ed s 🔲 No	Teen Parent Yes No I	f Yes, Due Date:
Father's Name			Father's Statu		ent from Ho	me Deceased	
Mother's Name			Mother's Stat ☐ In Home		ent from Ho	me Deceased	
Current Grade Level	School Attending				Teacher	r	
Child #4						CIF#	
First Name	Middle		Last Name			Suffix (Jr, Sr, II)	Date of Birth
Gender Male Female		ial Security N	umber		Relation	nship to HOH	
Tribal Affiliation		Enrol	lment #	Disable Ye	ed s 🗌 No	Teen Parent Yes No I	f Yes, Due Date:
Father's Name			Father's Statu		ent from Ho	me Deceased	
Mother's Name			Mother's Stat ☐ In Home		ent from Ho	me Deceased	
Current Grade Level	School Attending				Teacher	r	
	<u>I</u>				j		

RESOURCES AND INCOME I. **RESOURCES** A resource is anything that is own or is being bought that can be sold, traded, or converted into cash or money held by others. A resource does not include personal property such as furniture or clothing. Example of resources are: Saving Accounts Sales Contracts **IMM Accounts** Cash Checking Land Bonds Annuities Mutual Funds Buildings Trusts Stocks Land Time Shares Condominium Money Market Accounts Houses □ No If YES, complete the following information. Do you or anyone in the family unit have resources? Yes WHO OWNS LOCATION VALUE \$ RESOURCE II. VEHICLES Do you or anyone in the household own a licensed or unlicensed vehicle (car, truck, motorcycle, boat, recreational vehicle, or any other type of vehicle? Yes No IF YES, complete the following information. Please list primary vehicle first. MAKE [EX. FORD] MODEL [EX. ESCORT] OWNED YEAR **PAYMENT** VALUE YEAR MAKE [EX. FORD] MODEL [EX. ESCORT] **OWNED PAYMENT** VALUE III. INCOME STATMENT Does anyone in the household have any form of earned or unearned income at this time? If YES, complete Section V Unearned Income. If NO, please read the following statement and initial afterwards. Both Head of Household and Significant Other must initial. At this time, I/we attest that I/we receive no form of unearned income for the children in the family unit. Head of Household Initials: _ _Significant Other Initials: _ IV. EARNED INCOME Has anyone stopped working in the last 30 days? Yes No If YES, please complete the following information. Who stopped working? Employers: Contact Number: Last Day Worked: Date of last paycheck: Gross Income (Before Taxes)? Who stopped working? Employers: Contact Number: Last Day Worked: Date of last paycheck: Gross Income (Before Taxes)? Who stopped working? Employers: Contact Number: Last Day Worked: Date of last paycheck: Gross Income (Before Taxes)?

V. UNEARNED IN	NCOME						
Examples of unearned incom	ne are:						
Adoption support	Foster Care Payments	Per Capita		Casino Winning Social	Security Benefits		
Alimony	General Assistance	Railroad Retirem	ent	Inheritance	Sale of timber		
Child Support	Unemployment Insurance	Rent/Lease Incom	ne	Settlements	Worker's compensation		
Annuities, Pensions and/or Dividends	Life Insurance, Interest Payments	Veteran's Benefit	S	Military Allotments Survivor and dependents	** Social Security benefits for a child **		
Do you receive any form If yes, complete the follow	n of unearned income for the owing information.	e child in the fami	ily unit?	Yes	No		
WHOSE INCOME	INCOME TYPE	AMOUNT	FREQ	UENCY RECEIVED	DATE RECEIVED		
		\$					
		\$					
		\$					
		\$					
VI. CHILD SUPPO	RT INCOME STATMI	ENT					
•	Icant other received child sure of the sur	nount of the paym	nents that y nd initial a her must in	you have received. afterwards.	t in the last 30 days?		
At this time, I/we attest	that I/we have not received a	any child support	payments	directly from a non-custoo	dial parent in the last 30		
days. Head of I	Household Initials:		Significar	nt Other Initials:			
	ld support payments tha ich you will be required				arent will result in		
VII. STATEMENT OF CHILD CUSTODY							
A dependent child is considered a member of the household if they spent 51% of their time during the calendar month in the household.							
Do all of the children listed in this application currently live with you at least 51% of the time?							
Yes No • If NO, please know that you cannot apply with children who do not meet this requirement.							
At this time, I/we attest that all the children listed in this application currently live with me/us at least 51% of the time.							
Head of Household In	Head of Household Initials: Significant Other Initials:						

FRAUD CERTIFICATION

Certification Regarding Fraud and Failure to Disclose Information

Title 18, Chapter 47, Sec 1001 of the U.S. Code States that:

- A. Except otherwise provided in this section, whoever in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully
 - 1. Falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
 - 2. Makes any materially false, fictitious, or fraudulent statement or representation; or
 - 3. Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be find under this title or imprisoned not more than 5 years, or both.

I have read or have had explained to me the above provision of the Federal Law and fully understand the requirements and penalties.

I agree to supply all information and consents to releases necessary to determine my eligibility and compliance status and further agree to notify the TANF Program when my situation changes.

I understand that failure to comply with this requirement may result in sanctions, suspension of services, immediate closure of my case, and/or necessary fraud investigation possibly resulting in mandatory repayment of any benefits I may have received and was not eligible for.

I understand that if it is determined that I have committed fraud, falsified information or intentionally omitted information, I can be prosecuted and criminally penalized under applicable law.

Signatures of HOH	Date



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LANDLORD STATEMENT FORM

Own Rent ** If you own your h	omo ploaco mark ow	m and complete	and sign this fo	rm
	_	ii and complete	and sign tins to	1111.
FORM MUST BE SIGNED BY L. Tenant Name (First Name Middle Last N				
Street Address	City		State	Zip Code
Mailing Address	City		State	Zip Code
Phone #	Alternative Phone #		Email	
HOUSEHOLD COMPOSITION:	All household members	whom you are app	olying for must be i	dentified
Name		Date o	of Birth	Relationship to HOH
Date moved in	Monthly Rent		Client Rent Ar	mount:
Rent includes the following:				
☐ Electricity ☐ Garbage	☐ Propane/Fuel	☐ Water	Other:	
Main Heating Source: Electric	Wood	Propane	Other:	
Landlord Names				
Mailing Address	City		State	Zip Code
Phone #	Fax #		Email	
	l			
Signature of Landlord			Date	



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income to	ax return). Name is re	quired on this line; do i	not leave this line blank.							
	2 Business name/disregarded entity	name, if different from	n above								
n page 3.	Check appropriate box for federal following seven boxes. Individual/sole proprietor or	certa	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
e.	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC							pt payee	code	(if any)_	
충	Limited liability company. Enter	the tax classification	(C=C corporation, S=S	corporation, P=Partner	rship) ▶						
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.							orting			
cifi	Other (see instructions)	illouid check the appi	Topriate box for the tax	Classification of its own	ei.		(Applie	s to account	s mainta	ined outsid	e the (J.S.)
) Spe	5 Address (number, street, and apt.	or suite no.) See instri	uctions.		Requeste	r's name					
See S										•	
Ø	6 City, state, and ZIP code										
	7 List account number(s) here (option	nal)									
Pai	t I Taxpayer Identific	ation Number	(TIN)								
	your TIN in the appropriate box. T		• •	given on line 1 to av	oid	Social s	ecurity	number			
	up withholding. For individuals, this				or a				7 [
	ent alien, sole proprietor, or disrega es, it is your employer identification				ot a		-		-		
TIN, la		Triumber (Liiv). If y	ou do not nave a nu	iliber, see riow to ge	n a O	r					
Note:	: If the account is in more than one	name, see the ins	tructions for line 1.	Also see What Name	_		er identi	fication	numb	er	
Numb	per To Give the Requester for guide	elines on whose nu	ımber to enter.								T
							-				
Par	t II Certification										
Unde	r penalties of perjury, I certify that:										
2. I ar Sei	e number shown on this form is my m not subject to backup withholdir rvice (IRS) that I am subject to bac longer subject to backup withhold	ng because: (a) I an kup withholding as	n exempt from back	up withholding, or (b)) I have no	t been	notified	by the	Inter		
3. I ar	m a U.S. citizen or other U.S. perso	on (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.

		r, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments quired to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ►	Date ►	

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*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Authorization to Release Records - Individual

A. AUTHORIZATION TO DISCLOSE CONFIDENTIAL UNEMPLOYMENT INSURANCE PROGRAM RECORDS:				
FIRST MIDDLE LAST NAME OF INDIVIDUAL				
SOCIAL SECURITY NUMBER (NEED TO PROCESS REQUEST):				
B. DISCLOSE RECORDS TO:				
NAME LAST	FIRST		TITLE (IF APPLICABLE)	
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)				
·	,			
ADDRESS	CITY	ST	ATE ZIP CODE	
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
STATE PURPOSE OF DISCLOSURE (REQUIRED):				
,				
C. RECORDS AUTHORIZED TO RELEASE:				
I authorize the following confidential unemployment insurance program information and records to be released				
to the third party entity identified in Section B. I understand State governmental files will be accessed to				
provide the requested informatio		party entity is only	authorized to use the	
requested information/records for the stated purpose.				
☐ A copy of my <u>Wages Reported</u> by employers in the State of Washington from				
through				
(start date	- far back as 1987)	(0	end date)	
☐ A copy of my <u>Unemployment Payment History</u> from:				
through				
	(start date)	-	(end date)	
If just requesting a copy of individual's wages reported and/or unemployment payment history then				
upload and submit this signed release on-line to receive a response within <u>1 business day</u> at <u>esd.wa.gov/newsroom/public-records</u>				
<u>csd.wd.gov/newsroom/pdone-records</u>				
☐ If releasing other records other than the above (identify here):				
D. SIGN REQUEST FOR RECORDS				
By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose confidential unemployment insurance program information and records is being requested:				
SIGNATURE (<u>REQUIRED</u> – ELECTRONIC	SIGNATURE NOT ACCEPTED):	DATE REQUESTED	:	
X				
MAILED OR FAXED IN REQUESTS WILL BE RESPONDED TO WITHIN 5 TO 10 BUSINESS DAYS. SEND REQUEST TO:				
ESD Records Disclosure Unit P.O. Box 9046 Olympia WA 98507-9046 Fax: 1-866-610-9225				

This form should not be emailed as it may contain personal sensitive information.

Any questions contact the ESD Records Disclosure Unit at 1-844-766-8930