

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 CHILD ONLY NON-NEEDY CAREGIVER / RELATIVE

TANF SERVICES

TANF Services are available for eligible families who have had children placed with them or for which they are otherwise acting as a caregiver. 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. Children's income must not exceed the income limitations based on size of family unit.

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. Proof of school enrollment for each child that is six years of age or older.
- 5. Placement documents from placement agency; or
- 6. A notarized statement from the custodial parents that gives you custody and the right to aquire benefits; or
- 7. A Statement of Adult Acting in Loco Parentis.
- 8. 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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HOUSEHOLD INFORMAITON

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

For additional children, please attach another sheet listing their information.

Head of Househol	ld		CIF#					
First Name	Middle	Last Na	me	Suffix (Jr, Sr, II)				
Alternate Names								
Gender		Date of Birth	Social Security No	umber	US Citizen			
Male Femal	le 🗌 LGB1Q				Yes No			
Tribal Affiliation		Enrollment #	Disabled Yes No	Pregnant Yes No	o If Yes, Due Date:			
Street Address		City	,	State	Zip Code			
Mailing Address		City		State	Zip Code			
Phone #		Alternative Phon	e #	Email				
Marital Status		Highest Education	on Level Completed					
☐ Single, Never Ma☐ Separated☐ Widowed	rried Married Divorced	Less than High School Highest Grade Attend Associates Degree Graduate/Master's De	led:	☐ High School Diploma or GED ☐ Bachelor's Degree ☐ Other Credentials - (Ex. CDL, Vocational Certifications, etc.)				
Spouse/Significan	at Other			CIF#				
First Name	Middle	Last Na	me	Suffix (Jr, Sr, II)				
Alternate Names								
Gender		Date of Birth	Social Security Nu	umber	US Citizen			
☐ Male ☐ Femal	le 🗌 LGBTQ				☐ Yes ☐ No			
Tribal Affiliation		Enrollment #	Disabled	Pregnant				
			☐ Yes ☐ No	l <u> </u>	If Yes, Due Date:			
Phone #		Alternative Phone	#	Email				
Marital Status ☐ Single, Never Ma ☐ Separated ☐ Widowed	rried Married Divorced	Highest Education Less than High Something Highest Grade A Associates Degre Graduate/Master	chool Diploma or GED ttended: e	☐ High School Diploma☐ Bachelor's Degree☐ Other Credentials - (Ex. CDL, Vocationa				

Child #1						CIF#	
First Name	Middle		Last Name			Suffix (Jr, Sr, II)	Date of Birth
Gender Male Female		cial Security N	lumber		Relation	nship to HOH	
Tribal Affiliation	I	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		
CL 21 1 //2					1	CIE	
Child #2 First Name	Middle		Last Name			Suffix (Jr, Sr, II)	Date of Birth
Gender Male Female		cial Security N	lumber		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		1	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		
Child #3						CIF#	
First Name	Middle		Last Name			Suffix (Jr, Sr, II)	Date of Birth
Gender Male Female		cial Security N	lumber		Relation	nship to HOH	
Tribal Affiliation	<u> </u>	Enrol	lment #	Disable	ed s 🔲 No	Teen Parent Yes No I	f Yes, Due Date:
Father's Name		ı	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		
Child #4						CIF#	
First Name	Middle		Last Name			Suffix (Jr, Sr, II)	Date of Birth
Gender Male Female		cial Security N	lumber		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		ent from Ho	me Deceased	
Current Grade Level	School Attending		1		Teacher		
	<u>l</u>				I.		

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: Checking Saving Accounts Land Sales Contracts Houses/Condominiums/Buildings Cash Bonds Annuities Trusts Stocks Mutual Funds IMM / Money Market Accounts Land Time Shares Do any of the children in the family unit have resources? Yes □ No If YES, complete the following information. WHO OWNS LOCATION VALUE \$ RESOURCE II. VEHICLES Please list primary vehicle that is used to transport the child/children in the family unit. if you do not have a vehicle please leave blank. **YEAR** MAKE [EX. FORD] MODEL [EX. ESCORT] OWNED **PAYMENT** VALUE III. INCOME STATMENT Do you receive any form of income for the child/children in the family unit? ☐ Yes 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 Significant Other Initials: Household Initials: **UNEARNED INCOME** Examples of unearned income are: Adoption support Foster Care Payments Per Capita Social Security Benefits Alimony General Assistance Railroad Retirement Social Security benefits for a child ** Annuities, Pensions, Dividends, Veteran's benefits/Military allotments -Rent/Lease Income Gifts or prizes Life Insurance Survivor and dependents Casino Winning Sale of timber Unemployment Insurance Inheritance Child Support Settlements Worker's compensation Interest Payments Do you receive any form of unearned income for the child in the family unit? Yes No If yes, complete the following information. WHOSE INCOME INCOME TYPE **AMOUNT** FREQUENCY RECEIVED DATE RECEIVED \$ \$ \$ \$

VI. CHILD SUPPORT INCOME STATMENT
Have you or your significant other received child support payment(s) directly from a non-custodial parent in the last 30 days?
• If yes, list the date and amount of the payments that you have received.
 Yes No If no, please read the following statement and initial afterwards. Both Head of Household and Significant Other must initial.
Date Received: Amount Received:
At this time, I/we attest that I/we have not received any child support payments directly from a non-custodial parent in the last 30
days. Head of Household Initials: Significant Other Initials:
Failure to report child support payments that you receive directly from a non-custodial parent will result in an overpayment, which you will be required to pay back to LEKT TANF.
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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STATEMENT OF ADULT ACTING IN LOCO PARENTIS

Statement of adult acting in loco parentis (as a parent) form must be completed fully and signed (yearly) INFORMATION ON CHILD Middle Last Name Suffix (Jr, Sr, II...) First Name INFORMATION ON ADULT CARING FOR THE CHILD First Name Middle Last Name Suffix (Jr, Sr, II...) Street Address City Zip Code State INFORMATION ON THE CHILD'S PARENTS Name of Mother Mother's Phone Number Mother's Current or Last Known Address Name of Father Father's Phone Number Father's Current or Last Known Address INFORMATION ABOUT YOUR RELATIONSHIP WITH THE CHILD Do you have permission from the child's parents to care for the child? If yes, is it in writing Yes No Yes No How did the child come to live with you? How long do you expect the child to live with you? Are you planning to seek court-ordered custody or guardianship? Yes No INFORMATION ABOUT THE CARE AND CONTROL OF THE CHILD In loco parentis means in the place of a parent or instead of a parent. In order for LEKT TANF to decide that you are acting in loco parentis, you must have intentionally taken over the duties of a parent. LEKT TANF considers you as acting in loco parentis when (1) the child's parents are absent, (2) you are not the child's legal guardian or custodian and (3) you have taken over the daily care and control of the child. Below are examples of duties an adult acting in loco parentis will do. Please indicate which duties that you carry out. Get the child up and ready in the morning Provide basic food, shelter and clothing for the child Make sure the child gets to school or daycare Help child bathe and dress (if applicable) \Box \Box Prepare meals for the child. П Attend parent/teacher conferences Take the child to regular medical/dental appointments П \Box Act as the emergency contact at school. Sign up and take the child to extracurricular activities. Provide guidance and discipline to the child By signing this form, I attest that I carry out the daily care and control of the child and act in loco parentis (as described above). I also acknowledge that should this statement be contested by the child's parents, the case may close until custody/guardianship can be determined. **Signatures of Adult** Date



Lower Elwha Klallam Tribe Social Services Departments

LANDLORD STATEMENT FORM

☐ Own ☐ Rent

** If you own your home, please mark your own and complete and sign this form.

THE FORM MUST BE SIGNED BY THE LANDLORD

	<u> 11.</u>	ET OIGH MODI	<u>DL DIGI</u>	LD DI III	<u>L LINDLO</u>	<u> </u>				
Tenant Name (First Na	ame, Middle Last	Name, Suffix)								
Street Address		City			Star	e	Zip Code			
Mailing Address		City			Star	e	Zip Code			
Phone #		Alternative Pl	ative Phone # En			nail				
HOUSEHOLD CO	OMPOSITION:	All household men	nbers whon	n you are app	olying must b	e identifi	<u>ed</u>			
Name				Date o	of Birth		Relationship to HOH			
Date moved in		Monthly Re	ent		Client	Rent Am	ount:			
Rent includes the follo	owing:									
☐ Electricity	Garbage	Propane/Fu	iel 🗌	Water	Othe	r:				
Main Heating Source:	☐ Electric	Wood		Propane	Othe	r:				
Landlord Names										
Mailing Address		City			State		Zip Code			
Phone #		Fax #			Email					
Signature of Landle	ord				Date	e				



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 Nar	me (as shown on your income tax return). Name is required on this line; do not leave this line blank.														
	2 Bus	siness name/disregarded entity name, if different from above														
in page 3.								4 Exemptions (codes apply only t certain entities, not individuals; se instructions on page 3):								
e.		single-member LLC		00 0011		Exempt payee code (if any)										
tg tg	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶															
Trust/estate single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ 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 tax classification of its owner. Other (see instructions) ▶ 5 Address (number, street, and apt. or suite no.) See instructions. Requester's name							Exemption from FATCA reporting code (if any)									
čifi	Other (see instructions)							ınts maint	tained outsid	de the U.	S.)					
5 Address (number, street, and apt. or suite no.) See instructions.				er's na	ame	and ac	ldress (optiona	ıl)							
See			·				•	•	•							
S	6 City	6 City, state, and ZIP code														
	7 List	account number(s) here (optional)														
Pai	t I	Taxpayer Identification Number (TIN)														
Enter	your T	IN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Socia	al se	curity	numbe	r								
		holding. For individuals, this is generally your social security number (SSN). However, for	or a													
		 n, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other your employer identification number (EIN). If you do not have a number, see How to ge 	t a			-		-								
TIN, I				or		_										
Note:	If the	account is in more than one name, see the instructions for line 1. Also see What Name	and [Emp	loye	r ident	ificatio	n numl	oer							
Numb	er To	Give the Requester for guidelines on whose number to enter.														
						-										
Par	t II	Certification								•						
Unde	r penal	ties of perjury, I certify that:														
2. I ar Sei	n not s vice (II	ner shown on this form is my correct taxpayer identification number (or I am waiting for ubject to backup withholding because: (a) I am exempt from backup withholding, or (b) RS) that I am subject to backup withholding as a result of a failure to report all interest of subject to backup withholding; and	I have r	ot be	en r	notifie	d by th	e Inte								
3. I ar	n a U.S	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.

		r, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments equired 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.