



# Lower Elwha Klallam Tribe General Assistance

3080 Lower Elwha Road  
Port Angeles, WA 98363

(360) 565-7257  
[www.elwha.org](http://www.elwha.org)

## APPLICATION FOR GA SERVICES

### GENERAL ASSISTANCE (GA) SERVICES

GA Services is intended to meet certain specified unmet needs to eligible individuals and/or families that are otherwise ineligible for TANF. The payments received are for costs directly related to shelter cost and basic living expenses, you must be living within the boundaries of the Lower Elwha Reservation and/or Service area.

### CASE TYPES INCLUDE

College/High School Students, Medically/Treatment Exempt, and Employable. A shelter grant is \$363 per month, if there is no income. A non-shelter grant is \$221 per month, if there is no income. If a landlord statement, with rent costs included, is not provided a non-shelter (homeless) grant will be calculated. Landlord Statements must be fully completed by the landlord

### ELIGIBILITY CRITERIA & DOCUMENTATION

You must meet the following eligibility requirements and provide the listed documentation to be eligible for LEKT GA Services:

1. **Certificate of Indian Blood (CIB)** – Valid Tribal ID and/or Current CIB from your tribe of enrollment
2. **Social Security Card** – if you do not have a card, you must apply for a replacement to be sent to you. Provide a copy of the statement the social security office provides to you showing you applied. Provide a copy of the signed card once it is received, failure to provide this within 30 days of the case being open will result in a case closure.
3. **Landlord Statement** – verification of residence is required. You can verify this by providing a landlord statement, lease agreement, rent receipt with your landlord's signature, utility receipt/bill with YOUR name and current physical address on it.
4. **Verification of unemployment eligibility** – To prove that you are not eligible for unemployment benefits, you will need to complete the Self Request for Records (included in this packet).
5. **Verification of all household income** – Both Earned and Unearned income needs to be reported. You can provide copies of last paystubs.

### OTHER DOCUMENTATION

*The items listed below are required for your file and be provided at the time of orientation. If the documents are not provided within 30 days of the application being approved, the case will be closed.*

6. **Copy of High School Diploma or GED Certificate** – if you do not have a copy of your high school diploma or GED certificate, a copy of your transcripts will be sufficient. If you do not have your high school diploma or GED or provide proof at the orientation, you are required to attend GED classes or a High School completion course until you have received a GED or High School Diploma or until proof is submitted. **If you are currently enrolled in high school, GED, or college, we will need a copy of your current class schedule.**
7. **Doctor/Treatment Note** – in order to be medically exempted from work activities, you must provide a current doctor's note stating that you are unable to participate in work like activities, within 30 days of the application being approved or you will be required to participate in work like activities until one is received.
8. **DSHS Denial Letter** – please provide a copy of a DSHS Denial letter before your appointment.
9. **W-9** – is required for all TANF Cases for the following finance reason;
  - a. All GA applicants and for any address change;
  - b. All Vendors for supportive services (Landlords)

To avoid any delays in determining eligibility, the following items must be submitted, 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.ga@elwha.org](mailto:lekt.ga@elwha.org).





# Lower Elwha Klallam Tribe

## General Assistance (GA)

### APPLICATION GA SERVICES

I am applying for financial assistance for services for myself, as I am in need. I agree to supply information regarding resources and income and to notify LEKT GA Staff of any changes to my situation within ten (10) days of changes. LEKT GA is authorized to obtain information to establish eligibility.

#### HOUSEHOLD INFORMATION

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)
Alternate Names			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Date of Birth	Social Security Number	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:
Street Address		City	State      Zip Code
Mailing Address		City	State      Zip Code
Phone #	Alternative Phone #		Email

#### FAMILY COMPOSITION

LIST ALL HOUSEHOLD MEMBERS THAT LIVE WITH THE APPLICANT	DATE OF BIRTH			RELATIONSHIP TO APPLICANT
	MONTH	DAY	YEAR	

#### RESOURCES AND INCOME

##### INCOME STATEMENT

Does anyone in the household have any form of earned or unearned income at this time?  Yes  No  
 If yes, complete the **Sections below for Earned & Unearned Income**. If no, please read the following statement and initial afterward. Both Head of Household and Significant Other must initial.

At this time, I attest that I receive no form of earned and/or unearned income.

Applicant Initials: \_\_\_\_\_ Significant Other Initials: \_\_\_\_\_

##### 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)?

**UNEARNED INCOME**

Examples of unearned income are: TANF, GA, child support, per capita, SSI, casino winnings, inheritance, adoption support, foster care payments, rent/lease income, sale of timber, works compensation, alimony, gifts/prizes and/or veterans benefits.

Do you or anyone in your household receive any form of unearned income?  Yes  No

If YES, complete the following information and provide verification.

WHOSE INCOME	INCOME TYPE	AMOUNT	FREQUENCY RECEIVED	DATE RECEIVED
		\$		
		\$		

**RESOURCES**

A resource is anything that is owned 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.

Examples of resources are: cash, checking/saving accounts, land, sales accounts, bonds, trusts, stocks, buildings, houses.

Do you or anyone in the family unit have resources?  Yes  No If YES, complete the following information.

RESOURCE	WHO OWNS	LOCATION	VALUE \$

**EDUCATION AND EMPLOYMENT****EDUCATION**

HAVE YOU RECEIVED YOUR HIGH SCHOOL DIPLOMA?

Yes  No Highest Grade Completed?

SCHOOL NAME

HAVE YOU RECEIVED YOUR GED?

Yes  No

SCHOOL NAME

ARE YOU A FULL-TIME STUDENT?

Yes  No

SCHOOL NAME  High School  College

**EMPLOYMENT**

EMPLOYMENT BACKGROUND (EXAMPLE: TYPES OF JOBS YOU HAVE HELD IN THE PAST)

I read or had explained and understand the information in this application. I declare under perjury, the information I provided in this application is true, correct, and complete to the best of my knowledge. I understand that if I incorrectly receive a grant from the LEKT GA Program because I have made a willfully false statement or because I have willfully failed to report information required by the Program, any and all services will be terminated, forwarded to the LEKT Prosecutor and full repayment will be sought prior to being eligible for future services

Signature

Date

**STAFF USE ONLY**

APPROVED

DENIED

PENDING; REASON

CASE TYPE

EFFECTIVE DATE

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### **EDUCATIONAL OR EMPLOYMENT GOALS**

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Please describe your short and long-term goals for education/employment so we can write these into your individual responsibility plan, should you be eligible for the program.

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### **MEDICAL EXEMPTION STATEMENT**

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Please describe what your medical condition is, how this makes you unable to work, and the date of the onset or length of time you have been considered medical exempt. Please have your medical provider/physician complete the medical provider/physician report or provide documentation. If documentation is not provided, you will be required to participate in work-like activities until received. If a medical exemption is longer than 90 days, please understand you will be required to apply for SSI benefits.

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# Lower Elwha Klallam Tribe Social Services Department

## LANDLORD STATEMENT FORM

Own       Rent

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

### **THIS FORM MUST BE SIGNED BY THE LANDLORD**

Tenant Name (First Name Middle Last Name, Suffix)

Street Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Phone #	Alternative Phone #		Email	

### **HOUSEHOLD COMPOSITION: All household members whom you are applying for must be identified**

Name	Date of Birth	Relationship to HOH

Date moved in                                      Monthly Rent                                      Client Rent Amount:

#### **Rent includes the following:**

Electricity       Garbage       Propane/Fuel       Water       Other:  
 Main Heating       Electric       Wood       Propane       Other:  
 Source:

Landlord Names

Mailing Address		City	State	Zip Code
Phone #	Fax #		Email	

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date





# Request for Taxpayer Identification Number and Certification

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

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

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
		<b>2</b> Business name/disregarded entity name, if different from above	
		<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
		<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.

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

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

## 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).

### 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.*