



Central Council Tlingit and Haida Indian Tribes of Alaska
 Tribal Family and Youth Services Department / Elderly Services
 Program 320 W. Willoughby Avenue, Suite 300 ■ Juneau, AK
 99801-1726 Phone: (907) 463-7131 or 463-7168 ■ Fax: (907) 885-0032

ELDERLY EMERGENCY OR ELDERLY BURIAL ASSISTANCE APPLICATION

ELIGIBILITY: Applicant must be a tribally enrolled citizen of Central Council and 65 years of age or older.

Check which category of assistance you are applying for Note: This is a one-time service per applicant, per calendar year	
<input type="checkbox"/> Elderly Emergency Assistance – Check appropriate box below: <input type="checkbox"/> Rent <input type="checkbox"/> Oil/Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Medical <input type="checkbox"/> Food	<input type="checkbox"/> Elderly Burial Assistance – Application submitted by: <input type="checkbox"/> Spouse <input type="checkbox"/> Adult Son/Daughter
Checklist: <input type="checkbox"/> Applicants must complete the full application and include verification of income for everyone who lives in the household (could be a 1099R, Social Security benefit statement or a bank statement showing income deposit) <input type="checkbox"/> Must include a utility shut-off notice or other documentation describing personal need	Checklist: <input type="checkbox"/> Applicants must complete the full application and include verification of income for everyone who lives in the household (could be a 1099R, a Social Security benefit statement or a bank statement showing income deposit) <input type="checkbox"/> Must include a copy of a funeral expense statement from mortuary or funeral home
Award Limit: <ul style="list-style-type: none"> • Award limit for Elderly Emergency Assistance is \$250.00 	Award Limit: <ul style="list-style-type: none"> • Award limit for Burial Assistance for an elder living in-state is \$450.00 • Award limit for Burial Assistance for an elder living out-of-state is \$250.00
Award payments are made directly to a vendor	
If you do not include verification of income and supporting documentation, <u>your application will be incomplete and will be denied if the supporting documentation is not submitted within 30 days of receipt date of application.</u>	

NAME OF ELDER APPLICANT

Name (First, MI, Last)		Date of Birth	T&H Enrollment #	Social Security #
Residence Address		Mailing Address [] Same as Residence		
City, State		Zip Code		City, State
				Zip Code
Home Phone #	Cell Phone #	Message Phone #	Corporation/Village	

HOUSEHOLD INFORMATION

Where do you live now:	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Apt/House <input type="checkbox"/> Rent Room <input type="checkbox"/> Live with friends			
	<input type="checkbox"/> Other:			
Do you live alone:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
# of people who live in the household:	# of Adults:		# of Children:	

INCOME INFORMATION

Please indicate below Monthly Household Income for the last 30 days: (Must include self, spouse/partner)					
<input type="checkbox"/> Wages for Self	\$	<input type="checkbox"/> Veterans Benefits	\$	<input type="checkbox"/> Unemployment	\$
<input type="checkbox"/> Wages for Spouse	\$	<input type="checkbox"/> Soc. Security for Self	\$	<input type="checkbox"/> Self Employment	\$
<input type="checkbox"/> Pension for Self	\$	<input type="checkbox"/> Soc. Security for Spouse	\$	<input type="checkbox"/> Income Tax Return	\$
<input type="checkbox"/> Pension for Spouse	\$	<input type="checkbox"/> Corporation Dividends	\$	<input type="checkbox"/> Corp. Funeral Assistance	\$
<input type="checkbox"/> Wages	\$	<input type="checkbox"/> PFD for Self	\$	<input type="checkbox"/> Food Stamps:	
<input type="checkbox"/> Wages	\$	<input type="checkbox"/> PFD for Spouse	\$	<input type="checkbox"/> Other:	
TOTAL MONTHLY INCOME RESOURCES:					\$

STATEMENT OF NEED

Explain what your immediate need is. It can be a personal hardship related to an extenuating circumstance such as a fire, death, illness, a utility shut-off notice, a medical need, or need help paying funeral expenses.

Central Council
Tlingit & Haida Indian Tribes of Alaska
 Finance Department
 9097 Glacier Hwy
 Juneau, Alaska 99801

Request for Vendor Setup

(This form is used in lieu of the W9 form published by the Internal Revenue Service)

This form must be completed and signed before payment is issued

Legal Name (As shown on your tax return):	TIN (Social Security Number or EIN)
Business Name (if different from above)	Telephone # ()
Current Mailing Address	Email Address:

VENDOR TYPE

Non Taxable	1099 Vendor (taxable)
<input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit	<input type="checkbox"/> Sole Proprietor/Partnership
<input type="checkbox"/> Employee <input type="checkbox"/> Council/Delegate	<input type="checkbox"/> LLC Sole Proprietor or Partnership
<input type="checkbox"/> Client <input type="checkbox"/> Individual	<input type="checkbox"/> Landlord/Daycare Provider (circle one)
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____

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 US person (including a US Resident alien)

Certification instructions: You must cross out 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.

Signature _____

Date _____

Penalties

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.