

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 Par Biological 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	Highest G Associates	High School Diplo rade Attended: Degree Master's Degree		☐ High School Diploma or GED ☐ Bachelor's Degree ☐ Other Credentials - (Ex. CDL, Vocational Certifications, etc.)		
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 conhousehold.	nsidered a member of the ho	ousehold if they sp	ent 51% o	of their time during the cal	endar month in the		
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 c	currently li	ive with me/us at least 51%	6 of the time.		
Head of Household In	itials:		Significar	nt 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	

Form W-9
(Rev. March 2024)
Department of the Treasury

Internal Revenue Service

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.

Befor	e y	ou begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.								
	1	Name of entity/individual, An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	wner's na	ame on lir	ne 1, an	d enter the	e busir	ness/dis	regarded	
	2	Business name/disregarded entity name, if different from above.								
n page 3.	3	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/estate					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
. 0		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)			Exe	mpt payee	code	(if any)		
Print or type. c Instructions		Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead che box for the tax classification of its owner.	for the ta	x propriate	Exe	mption fro	m For	eign Ac		
rin		Other (see instructions)			cod	le (if any)				
Print or type. See Specific Instructions on	3t	o If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tar and you are providing this form to a partnership, trust, or estate in which you have an ownership this box if you have any foreign partners, owners, or beneficiaries. See instructions	c classific interest, c	ation, check	_ (Applies to outside t				
See	5	Address (number, street, and apt, or suite no.), See instructions.				ddress (op LALLAI				
	6	City, state, and ZIP code				HA RO/ NA 983				
	7	List account number(s) here (optional)								
Par	t I	Taxpayer Identification Number (TIN)								
Enter	you	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social s	ecurity	number				
backu	p v	vithholding. For individuals, this is generally your social security number (SSN). However, f	or a		_					
entitie	nica S. İl	alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other t is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	t a							
TIN, la			i a	or				908		
Note:	f +	he account is in more than one name, see the instructions for line 1. See also What Name	and	Employ	er iden	tification	numb	er		
Numb	er ī	To Give the Requester for guidelines on whose number to enter.	ana		-					
Par	_									
		nalties of perjury, I certify that:								
2. I an Ser	no vice	mber shown on this form is my correct taxpayer identification number (or I am waiting for ot subject to backup withholding because (a) I am exempt from backup withholding, or (b) e (IRS) that I am subject to backup withholding as a result of a failure to report all interest of ger subject to backup withholding; and	I have n	ot been	notifie	d by the	Intern	ıal Rev d me t	enue hat I am	
3. I an	ı a	U.S. citizen or other U.S. person (defined below); and								
4. The	FΑ	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is corr	ect.						
becau: acquis	se y itio	tion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual retainterest and dividends, you are not required to sign the certification, but you must provide you	ons, item irement a	2 does	not app nent (IF	oly. For m	ortga	ge inte allv. pa	rest paid, vments	
Sign Here		Signature of	ate						,	
<u> </u>		Now line 2h has h	oon odd	ad to thi		A flam		الفصم جاد		

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.

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



Authorization to Release Records - Individual

A. AUTHORIZATION TO DISCLOS		MENT INSURANC	E PROGRAM RECORDS:	
FIRST MIDDLE LAST NAME OF INDIVIDUA	AL			
SOCIAL SECURITY NUMBER (NEED TO P	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 (REC	OUIRED):			
OTATE FOR GOE OF BIOGEOGORE (INC.)				
C. RECORDS AUTHORIZED TO R	ELEASE:			
I authorize the following confider	ntial unemployment insurance	program informati	on and records to be relea	sed
to the third party entity identified				
provide the requested informatio		party entity is only	authorized to use the	
requested information/records for	or the stated purpose.			
☐ A copy of my <u>Wages Re</u>	ported by employers in the Sta	te of Washington f	rom	
	throug	h		
(start date	- far back as 1987)	(0	end date)	
☐ A copy of my <u>Unemploy</u>	ment Payment History from:			
	throug	h		
	(start date)	-	(end date)	
If just requesting a copy of inc				1
upload and submit this signed esd.wa.gov/newsroom/public-		response within	1 business day at	
esa.wa.gov/newsroom/public-	<u>records</u>			
If releasing other record	ds other than the above (identi	fy here):		
D. SIGN REQUEST FOR RECORD	OS .			
By signing below I declare under individual whose confidential under				
SIGNATURE (<u>REQUIRED</u> – ELECTRONIC	SIGNATURE NOT ACCEPTED):	DATE REQUESTED	:	
X				
MAILED OR FAXED IN REQUESTS WILL E	BE RESPONDED TO WITHIN <u>5 TO 10 B</u>	USINESS DAYS. SEND	REQUEST TO:	
FSD Records Disclosure Unit	P.O. Box 9046 Olympia V	/A 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