



The Confederated Tribes of Grand Ronde
Social Services Department
9615 Grand Ronde Road
Grand Ronde Oregon 97347
800-242-8196
503-879-2077
Fax: 503-879-5127

Dear Tribal Member,

Please complete the attached Emergency Assistance Application. Tribal Members name must be on Rental Agreement, Eviction/Non-Payment of Rent Notice, or Utility Statement.

If applying for Rental or Move-in Cost Assistance please submit with your application the following documents:

Copy of Tribal I.D. or CIB (Certificate of Indian Blood).

Copy of Rental Agreement.

Copy of Eviction Notice or Non-Payment of Rent Notice (if applicable). Please note the Social Service department will not accept hand written Notice of Eviction or Non-Payment of Rent. These must be on valid forms of documentation.

Completed Landowner Verification Form (attached, Landowner completes).

Completed W-9 Form (attached, Landowner completes).

Last 30 days income for all adults in the home.

Completed Authorization for Release of Information.

If applying for Utility Assistance please submit with your application the following documents:

Copy of Tribal I.D. or CIB (Certificate of Indian Blood).

Utility Shut-off Notice or Notice of Intent to Disconnect.

Completed W-9 (if applicable).

Last 30 days income for all adults in the home.

Completed Authorization for Release of Information.

Please note: the Social Services department requires (if applicable) that a Time Payment Agreement be set up with the respective utility company.

I am happy to assist you with any concerns or questions that may arise, please contact me at your earliest convenience. Our normal hours of operation are 8 AM – 5 PM Monday thru Friday.

Thank you,

Tammy C. Garrison
Emergency Assistance Program.

FOR SOCIAL SERVICES USE ONLY		
NAME (LAST/FIRST)		
DATE COMPLETED		



EMERGENCY ASSISTANCE APPLICATION

(“k^hanamakwst ntsayka munk–skukum ntsayka tilixam)

TOGETHER WE STRENGTHEN OUR PEOPLE

GENERAL INFORMATION				
<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>Birthdate</i>	<i>Roll#</i>
<i>Street Address</i>				<i>Tribe</i>
<i>City</i>	<i>County</i>	<i>State</i>		<i>Zip</i>
<i>Mailing address if different</i>		<i>City</i>		<i>State and Zip</i>
<i>Home Phone</i>		<i>Message/Cell</i>		<i>Email Address</i>
<i>Number of Household Members:</i> _____				
Rental Assistance				
<input type="checkbox"/> Eviction Notice <input type="checkbox"/> Non-payment of Rent Notice <input type="checkbox"/> Homeless				
Utility Assistance				
<input type="checkbox"/> Shut Off Notice				
<i>Estimated Monthly Income</i> _____				
<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Child <input type="checkbox"/> TANF <input type="checkbox"/> SSD/SSI <input type="checkbox"/> Tribal Disability				

List any other programs you are currently working with:	
<i>Office/Department:</i> _____	<i>Office/Department:</i> _____
<i>Office/Department:</i> _____	<i>Office/Department:</i> _____



AUTHORIZATION FOR RELEASE OF INFORMATION

To Our Clients: We can better serve you if we are able to work with other entities that know you and your family. By signing this form, you are giving permission for these organizations to share information about your situation.

Name: _____ Date of Birth: _____
Tribal ID#: _____ Social Security #: _____
Children: _____

I authorize the Social Services Department of the Confederated Tribes of Grand Ronde to obtain any applicable information from other entities, including records regarding:

- Tribal Member Benefits
Employment/Unemployment
Educational & Behavior Reports
Alcohol & Drug Treatment
Mental Health Services
Medical & Psychiatric Treatment
Community Human Services
Vocational Rehabilitation
Landlord/Owner
Probation/Parole Officer
Family History
Portland General Electric
Pacific Power & Light
Northwest Natural Gas Co.
SSD / SSI
Other as listed:

The Social Services Department of the Confederated Tribes of Grand Ronde is not authorized to contact the following entities:

Please list specific agencies, organizations and/or individuals you do not authorize CTGR Social Services to contact.

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

I agree that any entity contacted by Social Services Department personnel may share & exchange information and coordinate services for me and my family: [] Yes [] No

This permission is good for one year or until revoked in writing.

I can cancel this authorization at any time, but understand that cancellation will not affect any information released prior to cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

If I am a Grand Ronde Tribal employee, I understand that the General Manager, or official designee will review my case.

- [] Client [] Guardian
[] Parent [] Legal Custody

Signature

Date

Social Services Personnel Name

Social Services Personnel Signature

Date

To those receiving information under this authorization: State and federal law protect this information disclosed to you. You are not authorized to release information to any entity or person listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

I understand the purpose of this release as explained to me by the above-signed Case Worker. (Client Initials): _____



Confederated Tribes of Grand Ronde
Social Services Department
Landlord/Owner Verification

(TO BE COMPLETED BY LANDLORD/OWNER ONLY)

Landlord (Property Manager)
and/or Owner's Name: _____

Address: _____

Telephone (Day): _____ (Evening): _____

County and office where ownership may be verified: _____

Date of Rental Agreement: _____

Address of Rental: _____

Tenants listed on agreement (all names): _____

Landlord
Signature: _____ Date: _____

<p>(Office use only)</p> <p>County Assessor Phone #: _____</p> <p>Owner Verified: Yes <input type="radio"/> No <input type="radio"/></p> <p>Notes: _____ _____ _____</p> <p>Case Worker Signature: _____ Date: _____</p>
--

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 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) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) _____
 6 City, state, and ZIP code _____
 7 List account number(s) here (optional) _____

Requester's name and address (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.