



## GRAND RONDE HOUSING DEPARTMENT

28450 Tye Road – Grand Ronde, Oregon 97347 – (503)879-2401 – Fax (503)879-5973 [www.grtha.org](http://www.grtha.org)

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### GRANT APPLICATION CHECKLIST LIHEAP

Dear GRHD Grant Applicant:

Thank you for your interest in our Grant Program(s). Please complete all pages of the attached application. The checklist will assist you in ensuring you turn in a complete application. Be sure to include all household information for all household members that live with you.

**\*If you have used the LIHEAP grant within the last 5 years, you are not eligible.**

- 1. **INCOME** – Please list and show proof of all sources of income earned or received (social security, disability payments, workman's compensation, wages, retirement benefits, self-employment, monthly child support, TANF (welfare) payments excluding food stamps, etc.). **A copy of your most recent tax returns (1040 long form is preferred) is a good verification source.** Other acceptable sources of verification include proof of CURRENT, and previous month's wages (minimum), check stubs, Benefit letter(s), and per capita statements are some of the documentation accepted. Gross income (before taxes) verification is needed.
- 2. **ASSETS** – List all checking accounts, savings accounts, real estate, investments, retirement accounts, mobile homes, recreation vehicles, money market accounts, savings bonds, CDs etc. must be listed in the "Assets" section of the application.
- 3. **SOCIAL SECURITY CARDS** – a copy is required for every household member who is two (2) years of age and older.
- 4. **PHOTO I.D.** – Photo identification is required for every household member age eighteen (18) and older. Tribal ID is an acceptable, preferred identification source for the primary applicant (Tribal member), Driver's License, Veteran ID, School ID.
- 5. **W-9** – A W-9 for every adult (18+) household member is required. Two (2) are included with the application; please make the necessary number of copies.

**All adults age 18+ are required to sign and date the Authorization for Release of Information.**

*Failure to complete the application or provide the required information will delay the application process. When completing the application please type or print legibly.*

\*\*The home must be located within one of the seven (7) following county service areas: **Yamhill, Polk, Marion, Tillamook, Washington, Multnomah, and Clackamas.**

**Applicants are not eligible for this program if they have received a LIHEAP Weatherization Grant within the past five (5) years.**



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### Low Income Home Energy Assistance Program Application

The Low Income Home Energy Assistance Program (LIHEAP) for Weatherization provides grants to income restricted homeowners for basic energy related repairs to their primary residence. These repairs are limited to heating and cooling systems, caulking, weather stripping, insulation, doors, windows and venting systems.

**APPLICANT/DESIGNATED CONTACT:** <sup>1</sup>Enter the primary applicant's information here. There is a section below to give the name of an authorized person to give/receive information pertaining to this application.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City StateZip  
County *\*Must be one of the following: Marion, Polk, Yamhill, Tillamook, Washington, Multnomah, and Clackamas*

Primary Phone # Alternate #

Email

\* Best Way to Contact You: Best Time to Contact:

If you would like to authorize a person other than yourself to give/receive information pertaining to this application, please list their name and relationship to you below and initial that you authorize it.

Name: Relationship to Applicant:

**Applicant's Initials** (by initialing, I, the Applicant, understand and authorize the person mentioned above to give/receive information regarding my application).

<sup>1</sup> All adult (18+) household members are applicants and information for each adult must be included for application to be considered complete. Incomplete applications will not be processed. GRHD requires that all applicants sign the Authorization for Release of Information so that information contained herein can be verified by third party sources.

<sup>2</sup> Include each household members name, the relationship to the applicant/designated contact, date of birth, Social Security number, and Tribal roll number if Grand Ronde Tribal Member.

**HOUSEHOLD INFORMATION:**<sup>2</sup> List all persons who reside in the home on a permanent, full time basis. List the applicant first (SELF), then list all other household members. Please list names as they appear on each person’s Social Security Card.

Legal Name	Relationship to Applicant	Date of Birth	Social Security Number <sup>3</sup>	Full Time Student <sup>4</sup>	Gender M / F	Tribal Roll # <sup>5</sup>
				Y / N	M / F	
				Y / N	M / F	
				Y / N	M / F	
				Y / N	M / F	
				Y / N	M / F	

Does any household member have a disability?    Yes    No *(Your answer to this question is provided strictly on a voluntary basis, is being collected to comply with civil rights record keeping requirements and does not affect your eligibility.)*

**NOTICE OF RIGHT TO REASONABLE ACCOMMODATION AND REASONABLE MODIFICATION:** GRHD understands and recognizes the need to facilitate reasonable accommodations and reasonable modifications to eligible and qualified individuals with disabilities, such as a change in GRHD’s policies, practices or services, which are necessary for an individual with a disability to benefit from or participate in GRHD’s rental assistance or housing services programs. For more information including instructions on filing for a Reasonable Accommodation or Reasonable Modification, please review GRHD’s Reasonable Accommodation and Reasonable Modification Policy available at [www.grtha.org](http://www.grtha.org), GRHD’s office or by contacting GRHD at 503-879-2401, 800-422-0232 (ext. 2401).

If any household member requires a reasonable accommodation or reasonable modification in conjunction with this application, please describe requested accommodation/modification here. Please note additional information may be required prior to authorization for accommodation/modification.

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<sup>3</sup> Social Security number verification must be provided for all household members over the age of two (i.e. copy of Social Security Card).

<sup>4</sup> Verification of school enrollment must be provided for all students over the age of 18.

<sup>5</sup> Tribal enrollment verification must be provided for all Tribal Members.

**INCOME:** Please list gross income from all sources for each member of the household, including (but not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), veterans' assistance, grants, alimony, and child support. All household members must provide verification of each source income in the form of a 1040 (long) form, or if not available, separate verification for each source of income.

If a household member has no source of income, please list that household member and enter "None" for Source and "\$0" for Amount. If no verification can be provided that a household member has no income, he/she will be required to complete a separate certification.

Household Member	Income Source (i.e., employment, SSI, TANF)	Amount	Frequency (i.e., monthly/ weekly)	Verification Attached <sup>6</sup> (i.e., Check Stub/W-2)
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Does anyone outside of your household provide regular financial support or pay any of the household bills?

Yes      No      If yes, explain here \_\_\_\_\_  
 \_\_\_\_\_

You must be at or below the LIHEAP income eligibility requirements in order to qualify for the grant.

<sup>6</sup> Examples of Income Verification: W-2, tax returns, employee check stubs (**must include employer name, address and contact information**), SSI Statement, Tribal per capita statement, orders for child support and/or alimony, bank statements, unemployment insurance benefit statements.

**ASSETS:** List all assets belonging to each household member, including (but not limited to) savings accounts, checking accounts, safe deposit boxes, homes, revocable trusts available to a household member, rental property or other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market accounts, individual retirement and Keogh accounts, retirement and pension funds, life insurance policies available to a household member before death, personal property held as an investment (such as gems, jewelry, coin collections, antique cars, etc.), lump sum or one-time receipts (such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments), mortgages or deeds of trust held by a household member.

Household Member	Type of Asset (bank account, property etc.)	Location of Asset (bank, etc.)	Current Value of Asset <sup>7</sup>	Income/Interest Rate of Asset

Has any household member sold or disposed of any asset(s) in the last two years?

Yes No If yes, which household member? Please explain \_\_\_\_\_

**GENERAL INFORMATION:**

Has any household member ever received any type of local, state or federal housing assistance or grant?

Yes No If yes, which household member? Please explain. \_\_\_\_\_

Has any household member ever received any type of housing assistance or grant from GRHD?

Yes No If yes, which household member? Please explain. \_\_\_\_\_

Is any household member on the waitlist, or have a pending application, for any other GRHD program?

Yes No If yes, which household member? Please explain. \_\_\_\_\_

<sup>7</sup> If any household member owns an asset (such as real property) which has an unpaid balance on a loan secured by that asset, verification of the unpaid balance must be provided.

Has, or will, any household member apply for a grant in conjunction with this application?

Yes No If yes, which household member? Please explain. \_\_\_\_\_

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Does any household member currently owe money to either the Confederated Tribes of Grand Ronde or GRHD?

Yes No If yes, which household member? Please explain. \_\_\_\_\_

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Does any household member currently owe money to any federally assisted housing program?

Yes No If yes, which household member? Please explain.

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Has any household member ever been denied assistance or required to repay money for knowingly misrepresenting information to a federally assisted housing program?

Yes No If yes, which household member? Please explain.

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Has any household member ever used any name(s) or Social Security number(s) other than the one listed on your Social Security Card?

Yes No If yes, which household member? Please explain.

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Are any household members related by blood or marriage to any of the following Tribal officials or employees: members of Tribal Council, members or GRHD Committee or any GRHD employee?

Yes No If yes, list name(s)/relationship: \_\_\_\_\_

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APPLICANT'S INTENDED USE OF GRANT FUNDS: Please write a brief description of your intended use of grant funds and justification for these changes/improvements. The use of grant funds may be changed from what is listed below; however use of funds must comply with policy standards and be approved by GRHD.

Is the residence zoned residential?                      Yes                      No

Do you own, rent or lease the residence?<sup>8</sup>                      Own                      Rent                      Lease

If you are not the owner of the residence, a copy of the lease and written consent from the owner must be provided.

Are you current on all mortgage/rental payments associated with the residence?

Yes                      No    If not, please explain. \_\_\_\_\_

Type of Home:                      Wood-frame                      Manufactured                      Mobile                      Other:

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<sup>8</sup> If you are not the owner of the residence, a copy of the lease and written consent from the owner must be provided.

**APPLICANT DECLARATION:**

I certify all information provided on this form and supplied as supporting documentation is accurate and complete to the best of my knowledge. I understand that the information I am providing will be used for the purpose of verifying eligibility. I understand that I must report any changes to the information contained herein to GRHD in accordance with applicable policy. Further, I understand that if I provide false, incomplete or inaccurate information I may be subject to penalty under federal, state or Tribal law; may be denied assistance; and may be required to repay any assistance received.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

***Return completed applications with all supporting/verification documentation and Authorization for Release of Information to: Grand Ronde Housing Department***

Grand Ronde Housing Department  
28450 Tyee Road  
Grand Ronde, Oregon

OR

Fax: (503) 879-5973

***Assistance is subject to current eligibility requirements and availability of funding.***

**NOTICE:** The receipt of grant funds may be considered taxable income in the year received depending on your financial circumstances.



# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</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; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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. <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.)	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 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.

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

**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.

## 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 on page 3.

<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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://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.

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

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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.

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<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
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- 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.

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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.



## GRAND RONDE HOUSING DEPARTMENT

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### Authorization for Release of Information

I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to the Grand Ronde Housing Department (GRHD), its duly authorized representative and/or its contracted agent for purposes of verifying my eligibility to receive benefits from GRHD.

Those that may be asked to release the information include, but are not limited to: the Confederated Tribes of Grand Ronde, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy, or both.

Applicant (Printed Name) Date

Co-Applicant or Adult Household Member (Printed Name) Date

Co-Applicant or Adult Household Member (Printed Name) Date

Co-Applicant or Adult Household Member (Printed Name) Date