

Grand Ronde Housing Department

COVID-19 Assistance Application Checklist

- Income Verification –Income Amounts and Income source for all household members. Proof of unemployment application submitted. Any other form of documentation that shows layoff, furlough or reduction in hours. Unable to work due to childcare needs. Positive covid results for self or other household member.
- Proof of Tribal Enrollment-copy of Tribal ID Card or CIB from Member Benefits
- Mortgage Statement/Rental Agreement
- W-9 From Mortgage Company, Landlord or Landowner
- o **Utility Statement** (W-9 for utility company if not in the state of Oregon)

If all of the above information is not included in the initial application, the application will be considered incomplete. This could impact your ability to receive funding from this grant. So please make sure you include all information requested.







9615 Grand Ronde Rd, Grand Ronde, OR 97347 Phone: 503-879-2077 Fax: 503-879-5127

Grand Ronde Housing Department (GRHD)

COVID-19 ASSISTANCE APPLICATION

Rent/Mortgage Relief			☐ Utility Relief			
			Da	ate:		
Head of the Household: Tribal Member			Tribal R	oll#:		
Mailing Address:		City	State	Zip		
Residence Address:					·	
	=	City	State	Zip		
Home #:	Cell #:	-	_Email Address:			
Names of Adults 1st then Children (Legal names)			arrently in your household.		Relationship To Head of the Household	
		Sex	Date Of Birth			
					SELF	
		SEHOLD IN				
Name of household	List income for all adult household r Name of employer/		Address of employer/		Estimated gross	
member Source of income			Source of income annual of		annual earnings	
-						

Check the followi	ing that app	oly to you:				
Head of Househol	ld Employn	nent Status: emp	loyed	reduced hours	_unemployed	_furloughed
Spouse/partner E	mployment	Status if any: en	nployed_	reduced hours	unemployed	furloughed
Children home fr	om school:	yes no				
Utilities: electric_	water	gas				
	Program fo	r financial need. I				and am eligible under on this application is
PRINT NAME			_ DATE			_
SIGNATURE			DATE			_
lay-off or fur		quaramine, (

Back up Documents Bills etc.

AUTHORIZATION FOR RELEASE OF INFORMATION

CTGR and GRHD require that you sign the Authorization for Release of Information in order to have your application for assistance considered.

I/we know that cooperation requires supplying all information needed to determine my eligibility. I/we understand that supplying false, incomplete or inaccurate information is punishable under Federal, State, and Tribal laws.

By signing below, I authorize the Grand Ronde Housing Department (GRHD) and/or CTGR to verify information relevant to determining household eligibility.

This authorization is effective for one year from the date of signature.

Head of Household	Date		
Spouse/Other Adult	Date		
Other Adult	Date		

Grand Ronde Housing Department 2020 HUD Income Limits **Number in Household** Hud Low Income Limit (80%Median) 1 \$51,600 2 \$59,000 3 \$66,350 4 \$73,700 5 \$79,600 6 \$85,500 7 \$91,400

To calculate the adjusted income limit for families with more than eight members, add 8% of the four person base to the eight person income limit for each additional person (8% percentof \$73,700=\$5,896)

\$97,300

8

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not

Interna	l Revenue Service		send to the ins.
	1 Name (as shown	on your income tax return). Name is required on this line; do not leave this line blank.	
2	2 Business name/d	isregarded entity name, if different from above	
pag	0.05	e box for federal tax classification; check only one of the following seven boxes: 4 Exem	
Print or type Specific Instructions on page	Individual/sole single-member	ptions (codes apply only to entities, not individuals; see ons on page 3):	
r ty	Limited liability	y and the state of	payee code (if any)
Print or type Instructions	Wie ray classific	ration of the single-member owner.	on from FATCA reporting any)
م ي	Other (see instr		accounts maintained outside the U.S.)
eci	5 Address (number,	street, and apt. or suite no.) Requester's name and addre	ss (optional)
S _c	6 City, state, and ZI	Poodo	
See	o ony, state, and zn	Code	
ŀ	7 List account numb	per(s) here (optional)	
		() () () () () () () () () ()	
Part	Тахрау	er Identification Number (TIN)	
Enter y	our TIN in the appr	opriate box. The TIN provided must match the name given on line 1 to avoid Social security num	ber
Dackup) Withholding, For I	ndividuals, this is generally your social security number (SSN). However, for a etor, or disregarded entity, see the Part I instructions on page 3. For other	
enunes	, it is your employe	er identification number (EIN). If you do not have a number, see How to get a	-
IIIV on	page 3,	or	
Note. I	f the account is in r nes on whose numl	more than one name, see the instructions for line 1 and the chart on page 4 for Employer identifica	ion number
guiueiii	ies on whose numi	per to enter.	
Part	Certifica	tion	
	penalties of perjury		
		this form is my correct taxpayer identification number (or I am waiting for a number to be issued to n	
lam	not subject to bac	kup withholding because (a) Lee exerct force to always the life of	e); and
		kup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS i ckup withholding; and	the Internal Revenue las notified me that I am
l. I am	a U.S. citizen or ot	her U.S. person (defined below); and	
. The F	ATCA code(s) ente	ered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
ertific ecause nterest enerall	ation instructions you have failed to paid, acquisition o	. You must cross out item 2 above if you have been notified by the IRS that you are currently subject report all interest and dividends on your tax return. For real estate transactions, item 2 does not approximate an abandonment of secured property, cancellation of debt, contributions to an individual retirement and than interest and dividends, you are not required to sign the certification, but you must provide your	ly. For mortgage
ign Iere	Signature of U.S. person ▶	Date ►	
ana	ral Instructi		

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 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 return individes but are not limited to the following: 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)

- 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.