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**

- **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.
Grand Ronde Housing Department (GRHD)
COVID-19 ASSISTANCE APPLICATION

☐ Rent/Mortgage Relief  ☐ Utility Relief

Date: ________________

Head of the Household: ____________________________________________ Tribal Roll#: __________________

Mailing Address: ________________________________
City State Zip

Residence Address: ________________________________
City State Zip

Home #:__________________  Cell #:__________________  Email Address: ____________________________

HOUSEHOLD COMPOSITION
List all members currently in your household.

<table>
<thead>
<tr>
<th>Names of Adults 1st then Children (Legal names)</th>
<th>Sex</th>
<th>Date Of Birth</th>
<th>Relationship To Head of the Household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>SELF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HOUSEHOLD INCOME
List income for all adult household members including per capita

<table>
<thead>
<tr>
<th>Name of household member</th>
<th>Name of employer/ Source of income</th>
<th>Address of employer/ Source of income</th>
<th>Estimated gross annual earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Check the following that apply to you:

Head of Household Employment Status: employed___ reduced hours___ unemployed___ furloughed___
Spouse/partner Employment Status if any: employed___ reduced hours___ unemployed___ furloughed___
Children home from school: yes___ no___
Utilities: electric___ water___ gas___

CERTIFICATION I hereby certify that I have been impacted by the COVID-19 pandemic and am eligible under the Relief Payment Program for financial need. I also certify that the information submitted on this application is true and correct to the best of my knowledge.

PRINT NAME ________________________________ DATE ________________________________

SIGNATURE ________________ DATE________________________

In detail please describe COVID-19 related Impact and provide supporting documentation (i.e. reduction or loss of income for COVID-19 restrictions, lay-off or furlough, quarantine, etc.)

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

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 ________________
<table>
<thead>
<tr>
<th>Number in Household</th>
<th>Hud Low Income Limit (80%Median)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$51,600</td>
</tr>
<tr>
<td>2</td>
<td>$59,000</td>
</tr>
<tr>
<td>3</td>
<td>$66,350</td>
</tr>
<tr>
<td>4</td>
<td>$73,700</td>
</tr>
<tr>
<td>5</td>
<td>$79,600</td>
</tr>
<tr>
<td>6</td>
<td>$85,500</td>
</tr>
<tr>
<td>7</td>
<td>$91,400</td>
</tr>
<tr>
<td>8</td>
<td>$97,300</td>
</tr>
</tbody>
</table>

To calculate the adjusted income limit for families with more than eight members, add 8% of the four person base to the eight person incomelimit for each additional person

(8% percent of $73,700 = $5,896)
# Form W-9

**Internal Revenue Service**

**Request for Taxpayer Identification Number and Certification**

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

<table>
<thead>
<tr>
<th>1</th>
<th>Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Business name/disregarded entity name, if different from above</td>
</tr>
<tr>
<td>3</td>
<td>Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC Limited liability company. Enter the tax classification (C= Corporation, S= S Corporation, P= partnership)</td>
</tr>
<tr>
<td>4</td>
<td>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.)</td>
</tr>
<tr>
<td>5</td>
<td>Address (number, street, and apt. or suite no.) Requester’s name and address (optional)</td>
</tr>
<tr>
<td>6</td>
<td>City, state, and ZIP code</td>
</tr>
<tr>
<td>7</td>
<td>List account number(s) here (optional)</td>
</tr>
</tbody>
</table>

## 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

|   |   |   |   |

### Employer identification number

|   |   |

## 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.

### 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 1098-K (merchandise card and third party network transactions)
- Form 1098 (home mortgage interest)
- 1098-E (student loan interest)
- 1098-T (tuition)
- 1099-C (canceled debt)
- 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,
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.