



Gu Achi District
OF THE
Tohono O'odham Nation



HC 01 Box 8713 • Sells, Arizona 85634
520/361-2404 • 520/361-2540 • 520/383-8948
Fax: 520/361-2724 • gadistrict@toua.net

CLOTHING ALLOWANCE APPLICATION CHECKLIST

Please make sure all documents listed are complete and included when returning the clothing allowance application.

***PLEASE NOTE: We will not accept incomplete applications.
Receipts from previous year must be turned in.***

_____ 2020 Clothing Allowance Application Form

_____ General Welfare Form

_____ W-9 Form

_____ Student's Tribal Enrollment Number

_____ Proof of School Enrollment (last quarter report card, acceptance letter, signed verification of enrollment from school official)

_____ Proof of Legal Guardianship (if applicable)

GU ACHI DISTRICT

HC 01 BOX 8713 SELLS, AZ 85634

Phone: (520)361-2404, (520)361-2540, (520)383-8948 Fax: (520)361-2724

2020 CLOTHING ALLOWANCE APPLICATION

Preschool to 12th Grade @ \$200.00 per student

DATE _____ COMMUNITY _____

NAME (Parent or Guardian) _____

TRIBAL ENROLLMENT # of Parent or Guardian _____

ADDRESS _____

CONTACT #. _____ EMAIL _____

Please list all members in your household

_____	_____
_____	_____
_____	_____
_____	_____

PLEASE READ BEFORE SIGNING:

I agree to purchase clothing for my student (clothing, uniforms, underwear, sweaters, jackets, shoes) and I will spend the entire dollar amount of the check. If the purchase total goes over the \$200.00, I will pay the difference to the store.

I also agree to return all original receipts for purchases to the District Office within 30 days of when I receive the check. If I do not turn in receipts, I will not be eligible for the following year's clothing assistance.

I further understand that if receipts are not returned or if funds are used other than for said purpose, I may be issued a Form 1099 for tax purposes and/or funds may be turned into a loan per the General Welfare Law.

Signature of Parent or Guardian: _____

Student's Name: _____ Grade for 2020/2021: _____

Date of Birth: _____ Student's Tribal Enrollment #: _____

Name of School: _____

Progress/Report Card attached? YES NO (If no, please see below)

=====

Student's Name: _____ Grade for 2020/2021: _____

Date of Birth: _____ Student's Tribal Enrollment #: _____

Name of School: _____

Progress/Report Card attached? YES NO (If no, please see below)

=====

Student's Name: _____ Grade for 2020/2021: _____

Date of Birth: _____ Student's Tribal Enrollment #: _____

Name of School _____

Progress/Report Card attached? YES NO (If no, please see below)

If you checked "No" for any of the students above, please take Page 3 of this application to the school that the child is/will be enrolled in, for school enrollment verification by a school official (Principal, Vice Principal, Registrar or School Secretary.)

If the progress report card cannot be obtained, a signature of a School Official (Principal, Vice Principal, Registrar or School Secretary) is required.

I verify that _____ (student) is _____ is not _____ enrolled for
2020/2021 school year at _____ (name of school)

Printed Name & Title of School Official _____

Signature of School Official _____ Date _____

If the progress report card cannot be obtained, a signature of a School Official (Principal, Vice Principal, Registrar or School Secretary) is required.

I verify that _____ (student) is _____ is not _____ enrolled for
2020/2021 school year at _____ (name of school)

Printed Name & Title of School Official _____

Signature of School Official _____ Date _____

If the progress report card cannot be obtained, a signature of a School Official (Principal, Vice Principal, Registrar or School Secretary) is required.

I verify that _____ (student) is _____ is not _____ enrolled for
2020/2021 school year at _____ (name of school)

Printed Name & Title of School Official _____

Signature of School Official _____ Date _____

Tohono O'odham Nation - General Welfare Law

APPLICATION FOR ASSISTANCE

1. Type of Assistance Requested _____

Application Date: _____

2. Person applying for assistance:

Last name First Name Middle Initial

Address City State Zip Code Telephone #

Mailing Address City State Zip Code

3. Tribal Enrollment Number: _____

4. Explanation of Need:

Please explain the purpose for requesting assistance. (For example, emergency home repairs due to storm damage, medical emergencies, death, divorce, casualty).

5. Have you previously applied for assistance within the past 12 months? (Nation, district, community, state, federal) Yes _____ No _____

If yes, please explain type, amount, and purpose of assistance received (or why it was denied):

6. A. I verify under penalty of perjury that the information provided in this application is true and correct to the best of my knowledge. I authorize verification of all information I provided, and for other agencies, departments, programs, or other individuals, as applicable, to release information needed to verify my application.
- B. I promise to provide receipts for any assistance consistent with this request and to use all funds solely for the designated program purpose.
- C. I agree to repay any assistance that is not used for the approved program purpose, or for which I do not provide required receipts. I understand that I may be denied future benefits until I repay such amounts, and that I will be subject to all other remedies provided under the GWL.

7. Applicant Signature _____

Date _____

8. Official Use Only:

For Office Use Only:

Program Name (to address requested need): _____

Satisfied program guidelines Does not satisfy program guidelines

Safe Harbor program Non-Safe Harbor program

Comments: _____

Authorized Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSISTANCE

1. Type of Assistance Requested: Provide the name of the type of assistance that the applicant is requesting (for example: housing assistance, funeral assistance).
2. Person Applying for Assistance: Provide the name, address, and telephone number of the person who will be signing the form. If the applicant does not have a telephone, write "none" in this space. If the Application is for burial assistance, the applicant is the deceased person. Write the words "For the benefit of" above the person's name.
3. Applicant's Tribal Enrollment Number.
4. Explanation of Need:
Please explain the reason for your request. For example: "My roof is leaking and I have exhausted other program resources." Attach additional sheets of paper if necessary. Also attach any estimates or documents you may have received that justify the expense or need.
5. Has the applicant applied for assistance with other agencies such as the Nation, the state, the federal government, their district, or their community? Check Yes or No. If the applicant checks yes, please include the type and amount of assistance received, as well reasons that additional assistance is needed. If assistance was denied please state why.
6. In section 6.A., the applicant provides his or her permission for the program agency (a department of the Nation or the district) to verify information received on the application form by contacting another agency, department or program that holds that information. In section 6.B., the applicant verifies that all information in the application form is true and correct. In section 6.C., the applicant agrees to provide receipts for any purchases under the assistance distribution. If any funds are improperly spent, or not properly supported with receipts, the applicant must repay any assistance provided.
7. Applicant "Signature" and "Date". Applicant signs and dates the application. By signing the document the applicant authorizes the release of records by another agency, verifies that all information provided is true and correct, promises to provide receipts for any purchases under the assistance distribution, and agrees to repay assistance if any portion of the assistance is not used for a proper program purpose or if receipts are not provided. If the application is for burial assistance, the personal representative of the deceased should provide the signature on behalf of the deceased.
8. For Office Use Only: A staff person of the Nation or a district will determine whether the applicant meets or does not meet the General Welfare Law and applicable program guidelines.

Note: The information provided on this Application is confidential, personal information. Program staff should protect this document from unnecessary disclosure, and should limit access to it within the program office.

Assistance that complies with the GWL is intended to qualify for tax free treatment under Internal Revenue Code Section 139E. However, neither the Nation nor a District, as applicable, can provide tax advice or guarantee tax treatment of any specific assistance payment.

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number													
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Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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 for Part II, later.

Sign Here	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. 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.

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, later.