

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 #

Tribal Enrollment Number: \_\_\_\_\_

3. Explanation of Need:

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

4. 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):

- 5. 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.

6. Applicant Signature

Date

7. 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.**