

Tohono O'odham Nation

Gu Achi District
FY 2027

Economic Assistance

Agreement

I, _____ (print name) have applied for the "**Economic Assistance**" in the amount of **\$400.00**. If approved, the funds will be utilized ONLY as described in the guidelines of the assistance:

FUEL, TIRES, CAR JACKS and/or VEHICLE REPAIRS per person (may be a combination of some or all the above)

I agree to return receipts for my goods/services within ninety (90) days. If do not return receipts, I may be issued a 1099 tax form and may not be eligible for future requests. I understand I may apply **only one time within the fiscal year**, only if my previous receipts have been returned and if funds are available.

Signature _____ Date _____

Tribal Enrolled No. # _____ Registered Gu Achi Voter? ____

Vehicle License Plate No.# _____

If you are not the vehicle owner, please complete the following and attach a statement from the vehicle owner verifying the use of their vehicle:

Name of Vehicle Owner _____

Address of Vehicle Owner _____

If using Ride Share with someone to and from work, please have the Driver write a statement below verifying you are Ride Sharing.

Signature of Driver (Ride Share) _____



**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
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FY 2027 ASSISTANCE APPLICATION

PLEASE READ CAREFULLY

- *I understand that my application must be complete. Request must fall within the budget justification requirement. If request exceeds capped amount, I will pay the difference.*

Upon purchase or payment, I will turn in ORIGINAL receipts to the Gu Achi District Office within ninety (90) days of receiving the assistance check.

- *If I do not turn in receipts, I may not be eligible for further assistance, and the assistance will be considered a loan and I will be required to pay or be issued a 1099 Misc. for tax purposes.*

By signing, I agree to the above terms

Signature of Applicant: _____ Date: _____

COMMUNITY: (Check one) ☐ Ak Chin ☐ Cababi ☐ Covered Wells ☐ Florence
☐ North Santa Rosa ☐ Oakum Kuk ☐ Palo Verde Stand ☐ San Luis ☐ Santa Rosa
☐ Sikol Himatk

NAME: _____

TRIBAL ENROLLMENT NUMBER: _____
(Copy of Enrollment Card or Certificate of Enrollment required)

ADDRESS: _____

CONTACT NUMBER: _____ EMAIL: _____

PLEASE DESCRIBE ASSISTANCE NEEDED: _____

Please list all members in your household:

_____	_____
_____	_____
_____	_____
_____	_____

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: _____

**Request for Taxpayer
Identification Number and Certification**

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

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 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 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.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they