Tohono O'odham Nation

Gu Achi District
FY 2026

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, OILCHANGE, MAINTENANCE/REPAIRS OF VEHICLE and/or VEHICLE TIRES (may be a combination of some or all the above)

I agree to return receipts for my goods/services within sixty (60) 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
Fax: 520/361-2724 • gadistrict@toua.net

FY 2026 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 sixty (60) 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:________________

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 of 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.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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) ______

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 . . . . ☐

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.)

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:

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**

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