

**COMMUNITY SERVICES BLOCK GRANT  
EMERGENCY  
NEEDS PROGRAM  
FY 2015 APPLICATION**

**Please include the following with this application:**

- Tribal ID
- Social Security Cards for every household member
- 30 days proof of income for every member of the household who is over 18 (if a household member is over 18 and does not currently have income, that household member must fill out the attached zero income form)
- Documentation showing money owed (utility bill, eviction notice, medical appointment etc....)
- W-9 Form from vendor you wish to be paid (if applicable)

Name:		Age:	Date:
Address:		Birth Date:	Social Security #:
City/Town:	State:	Zip Code:	Phone #:

LITTLE TRAVERSE BAY BANDS ENROLLMENT#: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:**

#	Name	Age	Birth date	Social Security #
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Have you applied for assistance this year (October 1, 2014-September 30, 2015)?    Yes      No

**TYPE OF ASSISTANCE NEEDED\*:**

- \_\_\_ Emergency Food Assistance (not to exceed \$150.00)
- \_\_\_ Emergency Housing Assistance (not to exceed \$400.00)
- \_\_\_ Emergency Energy Assistance (not to exceed \$300.00)
- \_\_\_ Clothing for Foster Care Children (not to exceed \$125.00)
- \_\_\_ Clothing to Obtain Employment (not to exceed \$80.00)
- \_\_\_ Emergency Prescription Assistance (not to exceed \$200.00)
- \_\_\_ Emergency Medical Transportation Fuel (not to exceed \$150.00)

**\*Each household can receive a maximum \$400.00 in emergency assistance if circumstances qualify and this can be a combination of the above items not to exceed \$400.00**

- I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.
- I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud and/or recovery of funds paid on my behalf.
- I understand that failure to provide all necessary information and documentation can result in the denial of my application.
- I hereby authorize the release of information by the appropriate agencies to the Little Traverse Bay Bands of Odawa Indians for the purpose of verifying information needed to establish eligibility for the program.
- I understand that I may request a hearing if I disagree with action taken on this application.
- I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CSBG WORKER SIGNATURE

\_\_\_\_\_  
DATE

**“0” Income Form**

To determine your eligibility for the Community Services Block Grant (CSBG) you must furnish proof of all household income for the past 30 days prior to the date of your application.

If you had “0” income for the past 30 days, you must answer the following:

1. What was your income for the past three (3) months? (Amount, Source of income for all household members 18 years of age or older)

Name	Source	Amount

2. If you have utility bills, how do you pay them?

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3. How do you pay your rent?

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4. How do you get food for your household?

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I hereby certify that the information detailed above represents my household's circumstances. The income listed is the total household income for each household member 18 years of age or older.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Outreach Worker/Program Director**

\_\_\_\_\_  
**Date**

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is 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.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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.** The IRS has created a page on [www.irs.gov](http://www.irs.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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, or
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.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

**CSBG FY 2015  
INCOME GUIDELINES**

Family Size	Income Guidelines
1	\$11,670.00
2	\$15,730.00
3	\$19,790.00
4	\$23,850.00
5	\$27,910.00
6	\$31,970.00
7	\$36,030.00
8	\$40,090.00

For family sizes greater than eight persons, add \$4,060 for each additional member.