



# Caddo Nation COVID 19 Emergency Assistance Application

**ATTENTION!**  
Assistance will be processed within 1-2 weeks after application is approved. Applications will be processed on first come, first serve basis.

March 1, 2020 – December 31, 2020

<b>Head of Household:</b>	Name:	Date:
<b>Residency Information</b>		
Physical Address:		
Mailing Address:		
Phone:		
Email:		
Tribe:		
Has anyone in your household received help from another tribal or state program?	Yes No	Tribe:  If Yes, Amount:
Have you applied for assistance from other programs?		
Are you aware of available community resources?		
Do you receive commodities, Food Stamps, or TANF (per month)	\$	
<b>OFFICE USE ONLY:</b>		

## ASSISTANCE SELECTION: CAP OF \$1,000.00/per household

Please mark the assistance you are seeking. Where appropriate, a check will be made payable and mailed directly to the vendor.

### SELECTION

**MEDICATION** Vendor: \_\_\_\_\_ (or reimbursement through receipt)  
Please provide a copy of the bill with your application to ensure proper remittance addresses.

**UTILITY:** Please provide a copy of the utility bill with your application to ensure proper payment.

Utility/Heat – Vendor: \_\_\_\_\_ Acct#: \_\_\_\_\_

Utility/Heat – Vendor: \_\_\_\_\_ Acct#: \_\_\_\_\_

Utility/Heat – Vendor: \_\_\_\_\_ Acct#: \_\_\_\_\_

**CAR:** Please provide a copy of the vehicle bill with your application to ensure proper remittance addresses.

Vehicle Payment – Vendor: \_\_\_\_\_ Acct#: \_\_\_\_\_

Allowable utilities: water, electricity, natural gas, propane, firewood, pellets, etc. Please provide a copy of the utility bill with your application to ensure proper remittance addresses.

*\*Double check your account number. Staff are not responsible if account number provided is incorrect and the utility company applies payment to the wrong account. If applying for rent assistance, please obtain a completed W-9 from your landlord for faster processing.*

**RENT/HOUSE PAYMENT – Payable to:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Account # or Other Identifying Information:** \_\_\_\_\_

**Household Information:**

Name	DOB	Relationship to you	Tribe	Roll #	Has Income Y/N

**Household Information:**

(Adult 1)

(Adult 2)

Income 1	Adult Name		
	Income Source		
	Amount		
	Frequency		
	Have Proof?		
Income 2	Individual		
	Income Source		
	Amount		
	Frequency		
	Have Proof?		
Income 3	Individual		
	Income Source		
	Amount		
	Frequency		
	Have Proof?		

**Total Monthly Income:**

\_\_\_\_\_ I understand I may be entitled to a fair hearing if requested within fifteen (15) day of completed date of application or date of denial.

\_\_\_\_\_ I understand that no person may be denied assistance on the basis of race, color, sex, age, religion, national origin or political belief.

\_\_\_\_\_ **\*Falsely receiving benefits for persons not in your household may result in future loss of benefits.**

\_\_\_\_\_ If I receive assistance as a result of withholding information or by knowingly providing false or fraudulent information, I must repay the assistance and may be found guilty of fraud.

\_\_\_\_\_ I agree to all terms of this disclaimer and am allowing the Caddo Nation of Oklahoma access to my personal information to process my Application.

\_\_\_\_\_ By signing this application, I understand that if I am approved, I may be notified at a later date.

I certify that I am the head of household and the above submitted information is correct.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

**Office Use Only:**

Amount Approve:

Address Verified: \_\_\_\_\_

\$100 x \_\_\_\_\_ = \_\_\_\_\_

Enrollment Verified: \_\_\_\_\_

Verified by: \_\_\_\_\_

Name

Date

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.  <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>												
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<b>OR</b>												
<b>Employer identification number</b>												
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### 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.

<b>Sign Here</b>	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](http://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.*