



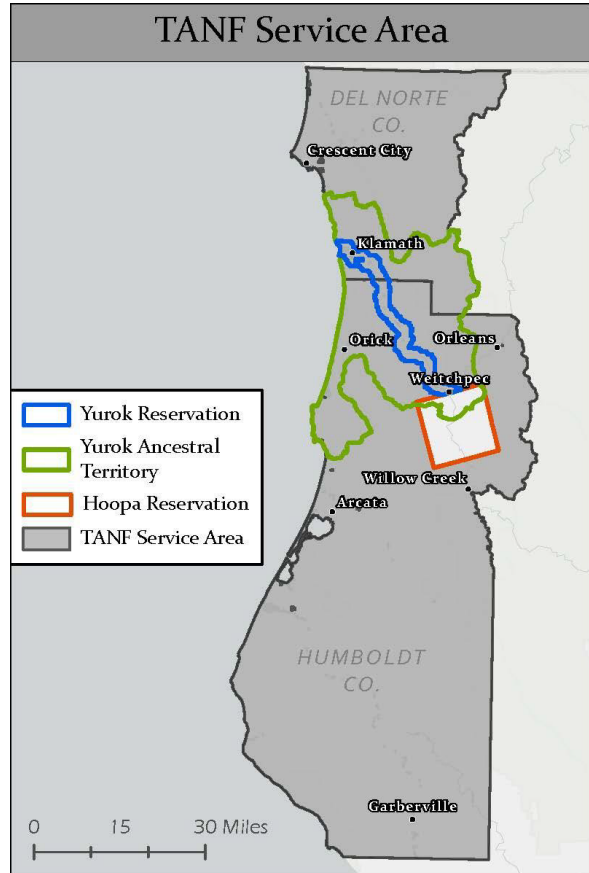
YUROK TRIBE

Client Services Department

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548
(707) 951-6631 or (707) 482-1350

Non-Recurring Short-Term Benefits (NRSTB) Application

The TANF program administered by the Yurok Tribe, referred to as the Yurok Tribal TANF Program (YTTP), provides limited emergency assistance to eligible needy Native American families with child(ren) and caretakers/relatives caring for Native American child(ren) for episodes of need during natural disasters, pandemics, and state of emergency declarations. YTTP requires this application and supplemental documents to determine your family's eligibility for emergency services. NRSTB has a lifetime cap of \$5,000 per household and is only for non-recurring episodes of emergency. We keep all information private and secure, as required by law. You have the right to appeal your decision and the review will be completed within 10 business days.



Eligibility:

- Custody of minor children (under the age of 18)
- Expectant Native parent(s) may be eligible in the 3rd trimester of pregnancy.
- Have not already received NRSTB funds from Yurok Tribal TANF Program, other tribes, or agencies.
- Household income is less than 300% FPL (Net income).
- U.S. Citizen or eligible alien status
- Physically reside in Humboldt or Del Norte County except for Hoopa Valley (commonly known as the Hoopa square), at least one member of household is enrolled Yurok. Enrollment in other federally recognized tribal households' enrollment is allowable if living on the Yurok reservation.



NRSTB Acknowledgement

Dear NRSTB Applicant:

The TANF program administered by the Yurok Tribe, referred to as the Yurok Tribal TANF Program (YTTP), provides limited emergency assistance to eligible needy Native American families with child(ren) and caretakers/relatives caring for Native American child(ren) for episodes of need during natural disasters, pandemics, and state of emergency declarations. YTTP requires this application and supplemental documents to determine the eligibility of your family for emergency services.

NRSTB has a cap of \$5,000 per household and is only for non-recurring episodes of emergency pending availability of funds. NRSTB is for a singular crisis episode for families to avoid reliance for ongoing expenses through government funded programs. It is the applicant’s responsibility to demonstrate a need. Payments will be provided directly to the applicants chosen vendor(s) with completed W-9 and quote/receipts to address emergency crisis. Payments will not be made directly to the applicant unless under extraordinary circumstances and approved by the TANF Manager. NRSTB applications will be notified by TANF staff regarding all payments. It is imperative that NRSTB applications do not contact the Yurok Tribe Fiscal Department. We keep all information private and secure, as required by law. You have the right to appeal your decision within 10 business days of receipt of denial letter through written correspondence. Upon receipt of the appeal, the TANF Manager has 10 business days to respond to your appeal through written correspondence.

I, _____ (print name of applicant), acknowledge under penalty of perjury, under the laws of the United State of America and the State of California, I swear and affirm that the information provided on this application is true, correct, and complete. I will undergo a sanction and be required to return any benefits received if my information is not true. Sanctions may include administrative, civil, or criminal actions against me, including prosecution.

Applicant Signature: _____ Date: _____



NRSTB Application

Section I- Contact Information

Applicant First & Last Name: _____

Phone Number:(_____) _____ Email: _____

Physical Address: _____

Mailing Address (if different from physical): _____

Section II- Family Unit- Please provide information for all household members.

18+ Years	First & Last Name	Date of Birth	Tribal Affiliation	Relationship to Applicant
Self				Self
2 nd Adult				
3 rd Adult				
Children in a shared custody must be in applicants' residence at least 51% of the time.				
1 st Child				
2 nd Child				
3 rd Child				
4 th Child				
5 th Child				
6 th Child				
7 th Child				



Section III- Household Income- Please tell us about the household current income and employment situation for all adults (18+), including paid internships, paid work experience programs, tips, etc.; include no income verification form if there is no earned income. Include other sources of income you are currently receiving, including financial aid, TANF, CalFresh, CalWORKs, SSDI, EDD, SSI, EDD, Per Capita Payments, Child Support, Social Security, Retirement, Survivor’s Benefits etc.

Name of Person with Income	Employer and/or Benefits Type	Amount Received Monthly	Will this end within the next 30 days?
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

Section IV- Demonstration of Need- Please provide a description with supportive documentation to confirm your need in crisis.

I, _____ am requesting \$ _____

I am applying for one of the following NRSTB purposes (circle one):

- State of Emergency Natural Disaster Pandemic Other

Description of crisis/need:



Applicant Checklist

To process your application as efficiently as possible, please utilize this application checklist to ensure you have all documents required when submitting your application.

- Completed NRSTB Application
 - Description and amount of funds needed.
- All Household Members:
 - Valid Photo Identification (adults, 18+ only)
 - Birth Certificates
 - Tribal ID's or Verification from Enrollment; If any household member is enrolled with a different tribal entity, verification of enrollment must be provided.
 - Social Security Cards
- Proof of Physical Residency (Utility bill, rent, or mortgage with applicant's name and address on it)
- Previous month of Income/No Income Verification
- W-9 for Vendors
- Receipts of purchases & invoices. If purchases have not been made yet, quotes are accepted with receipts returned within 10 business days.
- Child Custodial Guardianship (if applicable)
- 3rd Trimester Pregnancy Confirmation (if applicable)

Complete- End of Application

Request for Taxpayer Identification Number and Certification

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

▶ Go to 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 one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: 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 not 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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	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.

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.

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.*



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Verification of Unemployment/No Income

Client Services Department
PO Box 1027
Klamath, CA 95548
(707)-951-6631
CSD@yuroktribe.nsn.us

Fill out for each person in household who is 18+ years without employment or income.

I _____ (print name) am currently unemployed
and/or not receiving any income.

Last employer: _____ Date last worked: _____

Reason no longer working: _____

I certify that all information is true and correct to the best of my knowledge. I am also aware that Yurok Tribe Client Services Department may verify my status with the Employment Development Department or other necessary agencies. I acknowledge that such information is subject to verification and that falsifying of this information shall be grounds for denial and reimbursement of any and all funds received from this program.

Verbal authorization Staff receiving verbal authorization: _____

Applicant Signature

Date

