



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska
ANDREW P. HOPE BUILDING
320 West Willoughby Avenue, Suite 300
Juneau Alaska 99801-9983
(907) 586-1432 Phone
(907) 586-8970 Fax

Elderly Emergency Assistance Application Process

Eligibility:

Elderly Emergency Assistance funds are available to all Enrolled Tlingit & Haida Members 65 years of age and older with disastrous circumstances such as eviction and utility shut-off notices; life threatening illness or burial assistance.

Award amount:

- Elder emergencies - \$250.00, in Southeast Alaska region
- Burial assistance - \$450.00, for out of state the limit is: \$250.00
- Issued one time per year per family

(A) Completed application consists of 2 pages

- Requires invoice or bill from vendors such as funeral home or utility companies
- Signature of applicant or designated family member
- Completed vendor-setup form if applicant or agency is a new vendor to CCTHITA.



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska
 ANDREW P. HOPE BUILDING
 320 West Willoughby Avenue, Suite 300
 Juneau Alaska 99801-9983
 (907) 586-1432 Phone
 (907) 523-9060 Fax

ELDERS EMERGENCY ASSISTANCE APPLICATION

INSTRUCTIONS:

- *Must be 65 years of age or older to apply to the elders assistance program.*
- *Applications must be completed for financial assistance. **INCOMPLETE applications will not be processed.***

_____		_____		_____	
Name		T&H Identification #		Social Security Number	
_____		_____			
Residence Address		Mailing Address [] Same as Residence			
_____		_____		_____	
City, State		Zip Code		City, State	
_____		_____			
Phone Number		Corporation/Village			
MARITAL STATUS: [] Single [] Married [] Separated [] Divorced [] Widowed					

IF Application is for Deceased

_____			_____		
Name		T&H Identification #		Social Security Number	

NAMES APPLICABLE TO APPLICATION (Type * <u>M</u> – Medical; <u>F</u> -Funeral; <u>O</u> -Other)						
NAME	BIRTH DATE	AGE	RELATIONSHIP	INCOME	TYPE * M, F, O	AMOUNT REQUESTED
1.			Self			
2.			Deceased/ Spouse			
Make check Payable		Amount of Check		Amount Approved – With Explanation		

Where do you live now? [] Own Home [] Rent Apt/House [] Rent Room
 [] W/Friends [] Other: _____

Rent \$ _____ Electricity \$ _____ Fuel \$ _____ Food \$ _____

Do you Live Alone? [] Yes [] No

How many Persons Live in Apt/House? _____ Adults _____ Children

What Income has come into your Household for the last 30 days?

Wages \$_____ Vetrans Admin \$_____ Unemployment \$_____

State Welfare \$_____ Social Security \$_____ Self Employment \$_____

Old Age Assistance \$_____ Longevity \$_____ Income Tax Return \$_____

Corp. Dividend \$_____ Date Receive \$_____ Corp. Funeral Expense Paid \$_____

TOTAL MONTHLY INCOME RESOURCES: \$_____

Please explain your reason for this application, explain if it is: Medical Death Utility Rent or
 Other circumstances: _____

Have you applied to another agency for assistance (examples: T&H Energy Assistance, Salvation Army, ANB/ANS, T&H Community Council, or your village corporation?). What were the results of the application(s): _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby apply for assistance for myself and/or my immediate family. I certify that they are at home and in need. I have stated my situation honestly and agree to provide any other information that will help establish my need and eligibility. I authorize the social services unit to verify all of the information pertaining to my application for assistance.

Application Signature Date

Elderly Coordinator Date

Manager Date

Office of the President Approval Date

Office Use Only: Application is DENIED – Reason: _____

Revised 01/24/08 M.Lee Bagoyo Sr.

Central Council
Tlingit and Haida Indian Tribes of Alaska

Andrew P. Hope Building
320 West Willoughby Avenue Suite 300
Juneau, Alaska 99801-9983

Request for Vendor Setup

This form must be completed and signed before payment is issued.

Legal Name (No Abbreviations or Nicknames)	TIN (Social Security Number or EIN)
Current Mailing Address	
City, State, Zip	Telephone # ()

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual/Sole Proprietor
<input type="checkbox"/> LLC Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Client	<input type="checkbox"/> LLC Sole Proprietor or Partnership

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 US person (including a US Resident alien).

Certification instructions: You must cross out 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.

Signature _____

Date _____

Penalties

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

This form is used in lieu of the W9 form published by the Internal Revenue Services.

Department Use Only: Please notify	at extension	when vendor is setup
------------------------------------	--------------	----------------------