



CENTRAL COUNCIL  
*Tlingit and Haida Indian Tribes of Alaska*  
 ANDREW P. HOPE BUILDING  
 320 W. Willoughby Ave., Suite 300  
 Juneau, Alaska 99801

**APPLICATION FOR BURIAL ASSISTANCE**

INSTRUCTIONS: Application must be **fully** completed for financial assistance. *Incomplete applications will not be processed.*

Name of Deceased	T&H Identification #	Social Security # or Date of Birth
Name of Applicant	T&H Identification #	Social Security #
Spouse's Name	Spouse Enrolled	Social Security #
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Residence Address	Mailing Address	
City	State	Zip Code
Phone #	Corporation/Village	

**Please Read Carefully Before Signing**

I hereby apply for financial aid for myself and 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.

**I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE TO WILLINGLY CONCEAL ANY INFORMATION OR USE FALSE INFORMATION IN ORDER TO OBTAIN FINANCIAL ASSISTANCE.**

Signature	Date	Signature	Date
Client Referred To: _____			
Referred By: _____			

**RELEASE OF INFORMATION CONSENT**

\_\_\_\_\_  
Client Name Social Security #

\_\_\_\_\_  
Address Date of Birth

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Agency that will verify your income Agency's Address

*(Example: Agency may be Social Security, Alaska Temporary Assistance Program, Unemployment Office, Employer, or Public Assistance Office)*

I authorize you to release the amount of income I receive. The information is needed to verify my eligibility for the Burial Assistance Program/General Assistance Program.

Other family members who would like you to verify their income:

\_\_\_\_\_  
Client's Name Date of Birth Social Security #

\_\_\_\_\_  
Client's Name Date of Birth Social Security #

\_\_\_\_\_  
*(This portion is to be used by agency verifying income)*

\_\_\_\_\_  
Client's Name Receiving Income Monthly Income Received

\_\_\_\_\_  
Client's Name Receiving Income Monthly Income Received

**Agency Certification**

I certify that the information provided for the individual(s) listed above is/are accurate.

\_\_\_\_\_  
Client Signature Date

**Agency:** Please return ATTENTION: CCTHITA Burial Assistance/General Assistance – 320 W. Willoughby Avenue, Suite 300, Juneau, AK 99801

NAME: \_\_\_\_\_

**EXPENSE SUMMARY - - MUST BE COMPLETED**

ITEM	EXPENSES	COMMENT
Medical–Doctor	\$	
Medical–Hospital	\$	
Medical–Prescription/Other	\$	
Medical–Transportation	\$	
Household–Rent/Mortgage	\$	
Household –Groceries	\$	
Household –Utilities	\$	
Household –Other	\$	
Other:	\$	
Other:	\$	
<b>TOTAL EXPENSES</b>	\$	

**INCOME SUMMARY - - MUST BE COMPLETED**

ITEM	INCOME	COMMENT
Salary #1: name: _____	\$	
Salary #2: name: _____	\$	
ANCSA Distribution	\$	
Health Insurance Coverage	\$	
Pension or Retirement	\$	
State Longevity Bonus	\$	
State Permanent Fund	\$	
State AFDC	\$	
Social Security	\$	
Medicare/Medicaid	\$	
Indian Health Service Coverage	\$	
Other:	\$	
<b>TOTAL INCOME</b>	\$	



Central Council Tlingit & Haida Indian Tribes of Alaska  
 Finance Department | 9097 Glacier Highway | Juneau, Alaska 99801

**Request for Vendor Setup**

(This form is used in lieu of the W9 form published by the Internal Revenue Service)

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

Legal Name (As shown on your tax return)	TIN (Social Security Number or EIN)
Business Name (if different from above)	
Current Mailing Address	Telephone #  (     )

**VENDOR TYPE**

Non Taxable	1099 Vendor (taxable)
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor/Partnership
<input type="checkbox"/> Employee	<input type="checkbox"/> LLC Sole Proprietor or Partnership
<input type="checkbox"/> Client	<input type="checkbox"/> Landlord/Daycare Provider ( <b>circle one</b> )
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Non-Profit	
<input type="checkbox"/> Council/Delegate	

**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.