



NAVAJO NATION FAMILY ASSISTANCE SERVICES

P.O. Box 2279* Window Rock, AZ 86515

PH: 928.810.8592 FAX: 928.810.8557

CSBG CHECKLIST

CONSUMER NAME: (Last, First, MI)	CENSUS NUMBER:
DATE:	WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING:
To determine your eligibility for assistance, verification is required for the items marked below. (All documents must have matching names on their Birth Certificate, CIB, SSC and State ID/Driver License.) If you do not provide the verification requested by the date below, your application will be denied or your benefits will be terminated.	

You need to return the requested documents or verification no later than _____

REQUIRED	COMPLETED	ITEMS	DATE RECEIVED
		1. Verification of LIHEAP Receipts from prior assistance FY_____	
X		2. Valid State Issued Driver's License/ID- (Applicant)	
X		3. Certification of Indian Blood/Tribal Enrollment Card- (All household members)	
X		4. Social Security Card - (All household members)	
		5. For newborns: Hospital Card/Crib Card	
X		6. Housing Verification Form/Detailed Map (DFS will provide for you)	
X		7. Utility Invoice/Bill (*Must be in Applicants Name)	
X		8. Updated W9	
		9. TANF/GA Assistance Payments	
		10. SSI/SSA/SSB/VA or UI Benefits/Per Capita/Workman's Comp Award Letters	
		11. Child Support Payment Notice/Award Letter	
		12. Retirement Benefits Award Letter	
		13. Interest and Dividends or Oil/Gas/Mineral Royalties	
		14. WIA Workforce	
		15. Allowances/Stipend for living expenses while in an educational/training program	
		16. Most recent State Income Tax Returns	
		17. Lump Sum Income such as rebates/credits winnings from lotteries, refund deposits, etc.	
		18. Net Profit from Vehicle/Property Sales	
		19. Hourly wages, salaries, commissions, tips from employment – check stub	
		20. Contract employment – check stub	
		21. Seasonal Employment	
		22. Stipend payments for public service (Gov't Assistance: Food Stamps, TANF, etc...)	
		23. Self-Employment Income – Statement of Truth (DFS will provide for you)	
		24. Energy Crisis Intervention Program (ECIP) Referral	
		25. Price Quotes – Weatherization(3)/Propane/Cooling/Wood Stove Assistance(3)	

Statement of Understanding: I understand the need for the verification and understand that if I am unable to provide the information by the above due date, that my application will be denied or my assistance terminated.

CUSTOMER SIGNATURE		DATE
CASEWORKER SIGNATURE	PHONE NO.	DATE

Case No. _____
Region: _____
Chapter: _____
State: _____

NAVAJO NATION
DIVISION OF SOCIAL SERVICES
Application for Social/Financial Services

Date: _____

SECTION A: I am ☐ a resident of the Navajo Nation, ☐ on Navajo Trust Land, ☐ in a community designated as Near Navajo Nation, ☐ Other:

I am requesting ☐ Adult Care, ☐ Child Welfare ☐ General Assistance, ☐ Emergency Assistance, ☐ Low Income Home Energy Assistance, ☐ Community Services Block Grant, ☐ Provider: CFC, CCDF, ☐ Home Care ☐ Other _____

Why are you requesting Social/financial Services

Mailing Address:

Directions to Home:

Telephone:

NAME OF HOUSEHOLD MEMBERS LAST, FIRST, MIDDLE	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC. NO.	CENSUS NO.	DISABLED YES/NO	NAME OF PAYEE/ GUARDIAN IF APPLICABLE	EDUC LEVEL	NAME OF SCHOOL
1	Applicant							
2								
3								
4								
5								
6								
7								
8								
9								
10.								

SECTION B

CURRENT RESOURCE INFORMATION

1. HOUSEHOLD MEMBERS	SOURCE OF INCOME/PLACE EMPLOYED	GROSS/NET INCOME	HOW OFTEN PAID

2. HOME: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Board Amount Paid:		To whom?		Do you pay utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you received Assistance from Tribal, State, or other Social Services entities before?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
When?		From Where?			
4. <input type="checkbox"/> Cash on hand <input type="checkbox"/> Checking <input type="checkbox"/> Savings Approx amount:					
5. What is your yearly income from livestock?					
6. How much do you earn per month from:		Weaving:		Arts & Craft:	
Traditional Medicine Service:		Hauling Wood/Coal/Water:		Hauling People:	
				Other:	
7. Occupation:		Mr.		Ms.	
		Skill(s):		Mr.	
				Ms.	

SECTION C: YOUR RIGHTS

APPEALS PROCEDURE: You have received a copy and signed the NDSS appeals procedures. (Attachment: NDSS Grievance Policy) Initial: _____

FEDERAL LAW GOVERNING FRAUD: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers, by any trick, schemes, or devise, as material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious of fraudulent statement or entry shall be fined not more than \$10,000, or imprisoned not more than 5 years of both. Initial: _____

PRIVACY ACT ADVISEMENT: All records will be maintained under provision of Privacy Act 5 U.S.C. S 552.a; The Privacy Act of 1974; P.L.104-191-1177, HIPAA and 2 N.N.C. Subchapter 4, § 81-91; The Navajo Nation Privacy Act of 1996. Information contained in this application will not be shared without your written consent and authorization.

I/We have read or heard or had interpreted to me/us the preceding provision of law and understand them. I/We agree to supply all necessary information about my/our resources and income, residence, members of my/our household, employment and to notify the agency when my/our situation changes. I/We also authorize the Navajo Nation to obtain information necessary to establish my/our eligibility for assistance. Initial: _____

Authority authorizing collection of information; Information collection authorized by 35 U.S.C. Section 13.25 Section 450 (a) et seq., as amended, implementing Regulations and contract provisions. Initial: _____

I/We, certify that the information that I/We have given is true and correct.

Signature of Applicant

Date

Witness to Mark

Signature of Applicant

Date

Person who helped complete application

Section D: TO BE COMPLETED FOR ALL NDSS SERVICES

Children (0-17) _____ Adults (18-64) _____ Elder (65 & over) _____
No. Disabled _____ Children in B.S. _____ Foster Care _____

General Assistance	Assistance Category:		Residential Cost:		
		Total:	Payee/Facility		
Basic Need:			Address:		
Utility Allowance:					Total:
Rental/Mortgage :			Facility/Vendor Daily Rate:		
Homeowner Allowance :			Consumer Resource:		
Total Need :			(-) Personal Allowance :		
Initial Grant:			(-) Clothing Allowance:		
Monthly Grant:			(-) Special Needs :		

REVIEW DATE: _____

Calculation base Total in Household _____ & the State/Neg. rate _____ standard.

Worker: _____
Signature _____ Date _____

Copy (given) to client: _____
Copy (mailed) to client: _____

Section E: CERTIFICATION STATEMENT

Date Approved	Date Denied	Reason for denial
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I certify that _____ is eligible/ineligible for services in accordance with _____.

Your application for _____ covers your needs from the date of application through _____.

SUPERVISOR/AUTHORIZED SIGNATURE	TITLE	DATE
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REMARKS:



THE
NAVAJO
NATION

NAVAJO NATION FAMILY ASSISTANCE SERVICES

HOUSEHOLD COMPOSITION/RESIDENCE VERIFICATION

(Name & Address)

The Navajo Nation Family Assistance Services (NNFAS) customer, whose name appears below, requests the release of personal information to the NNFAS. Please complete and return this form within ten (10) days from the date below to the NNFAS Office listed below. **This form must be completed by someone not living in the home.** *In addition, please draw a map to the residence in back of this form.*

CASEWORKER	DFS OFFICE ADDRESS	TELEPHONE NUMBER

AUTHORIZATION TO RELEASE INFORMATION

I authorize and consent to the release of the information requested on this form to the Navajo Nation Family Assistance Services. I understand the information will be kept confidential and will only be used for eligibility determination of my NNFAS application.

CONSUMER'S NAME	SOCIAL SECURITY NO	ADDRESS/APT. NO
CONSUMERS'S SIGNATURE		DATE

IS THE HEAD OF HOUSEHOLD'S ADDRESS INDICATED BELOW CORRECT?		IF NO, PLEASE ENTER THE CORRECT ADDRESS BELOW:
Mailing Address: <input type="checkbox"/> YES <input type="checkbox"/> NO		Correct Mailing Address:
Physical Address: <input type="checkbox"/> YES <input type="checkbox"/> NO		Correct Physical Address:
CHECK (YES OR NO) TO INDICATE IF THE FOLLOWING PEOPLE LIVE IN THE HOME (If a person live in the home, but is not listed, please write his/her name(s) below):		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF THE PERSON WHO APPEARS ON THE LEASE?		WHO ACTUALLY PAY THE RENT?
AMOUNT OF RENT?	HOW OFTEN IS RENT DUE?	DO YOU EXPECT ANY CHANGES IN THE RENT AMOUNT?
\$	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When Amount \$
DOES ANYONE IN THE HOUSEHOLD WORK IN EXCHANGE FOR RENT, UTILITIES, ETC?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who? Value of Work \$		
DOES ANYONE NOT LIVING IN THE HOUSEHOLD PAY ANY OF THE ABOVE EXPENSES?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who		

NAME OF PERSON COMPLETING THIS FORM	TITLE	TELEPHONE NUMBER	DATE

Applicant Name: _____

NFAS Worker: _____

Date of Map: _____

Program : _____

Please draw us a **detailed map** of where you live or where we can find you. Include the location and description of your house. In case we need to contact you for important reason.

N

W

E

S

Applicant's Signature

Date

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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. <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) ► _____ 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. <input type="checkbox"/> Other (see instructions) ► _____	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>	
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:

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.

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.



THE NAVAJO NATION
FAMILY ASSISTANCE SERVICES
Community Services Block Grant

STATEMENT OF TRUTH

☐

No income
Statement

☐

Shelter
Statement

☐

Request for Emergency
Assistance

☐

Statement of
Truth

Why are you requesting for services?

No income statement for members over 18 with no income. Please
Indicate how you support yourself.

I, _____ certify that the above statement is true and correct to the
PRINT NAME

best of my knowledge and belief. I also understand that any false information given with the intent of
fraud is cause for penalty.

Signature

Date