**NDCFS – FINANCIAL ASSISTANCE UNIT**
**P.O. BOX 2547**
**Window Rock, AZ 86515**
**928.871.6556**

# Community Service Block Grant (CSBG) Checklist

| | |
|---|---|
| Applicant Name: (Last, First, MI) | Census Number: |
| Applicant Phone Number: | Applicant Email: |

To determine your eligibility for assistance, verification is required for the items marked below. (All documents must have matching names on their CIB, SSC and State ID/Driver's License.) If you do not provide the verification requested by the date below, your application will be **denied**, or your benefits will be terminated.

## Your application will not be accepted or processed without the required documents

| | REQUIRED ITEMS | DATE RECEIVED |
|---|---|---|
| | 1. Updated W9 | |
| | 2. Valid State Issued Driver's License/ID - Applicant | |
| | 3. Certification of Indian Blood/Tribal Enrollment Card ALL HOUSEHOLD MEMBERS | |
| | 4. Social Security Card - ALL HOUSEHOLD MEMBERS | |
| | 5. Income Verification | |
| | 6. Proof of Residency – Chapter Verification | |

Revised 10.01.2025

Chapter:_____ Date:_____

State:_____

CIF#:_____

# NDCFS
## Financial Assistance Unit
## Community Service Block Grant Application

***SECTION A:***

☐ Resident of the Navajo Nation ☐ Navajo Trust Land ☐ Community designated near Navajo Nation

☐ Other: _____

Why are you requesting for financial services: _____

_____

Mailing address: _____ Phone: _____

Physical Address: _____

| Name of Household members | Relationship | Date of Birth | Social Sec. No. | Census No. | Disabled Yes/No | Name of Payee/Guardian |
|---|---|---|---|---|---|---|
| | Applicant | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

***SECTION B:*** CURRENT RESOURCE INFORMATION

| Household Member | Source of Income | Gross/Net Income | How Often? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

HOME:

☐ Rent ☐ Own ☐ Board: Amount $_____ to whom? _____ Do you pay utilities: ☐Yes ☐No

Have you received Assistance from Tribal, State, or other Social Services entities? ☐ Yes ☐ No

When?_____ From Where?_____

***SECTION C:*** YOUR RIGHTS

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, a 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 entity shall be fined not more than $10,000, or imprisoned not more than five years or both.

Initial: _____

PRIVACY ADVISEMENT: All records will be maintained under provision of Privacy Act 5 U.S.C. S552 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 provisions 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 seg., 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:*** CERTIFICATION STATEMENT

Children (0-17) _____ Adults (18-54) _____ Elder (55 & over) _____
No. Disabled _____ Children DV Shelter _____ Foster Care _____

Basic Need: $_____

| Date Approved: | Date Denied: | Reason for Denial: |
|---|---|---|
| _____ | _____ | _____ |

I certify that _____ is eligible/ineligible for services in accordance with _____.

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

| _____ | _____ |
|---|---|
| NDCFS Senior Caseworker | Date |

**REMARKS**:

_____

_____

_____

_____

_____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# 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.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

**1** Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

**2** Business name/disregarded entity name, if different from above.

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . _____

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

*(Applies to accounts maintained outside the United States.)*

**3b** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

**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. See also *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**

# 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*.

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they