



NAVAJO NATION FAMILY ASSISTANCE
SERVICES P.O. Box 2547 * Window Rock, AZ 86515
PH: 928.871.4664 FAX: 928.871.7909

LIHEAP/LIHWAP CHECKLIST

CONSUMER NAME: (Last, First, MI)	CENSUS NUMBER:
Customer Phone Number:	Customer Email:

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 Items	DATE RECEIVED
X	1. Verification of LIHEAP Receipts from prior assistance received 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)	
X	5. Utility Invoice/Bill (*Must be in Applicants Name)	
X	6. Updated W9 (*Must be in Applicants Name)	
X	7. Income Verification	
X	8. LIHEAP: Price Quotes from three different vendors for: – Weatherization (3)/AC unit (3)/Wood Stove Assistance (3) LIHWAP- Septic Tanking Quote (1)	



Navajo Nation Division of Social Services
NAVAJO FAMILY ASSISTANCE SERVICES
 Household Water and Wastewater
Application for Assistance



1. ADDRESS:							OFFICE USE ONLY	
Physical Address:			City:	State:	Zip Code:	NN Rural Address #:		_____ ENERGY CRISIS INTERVENTION _____ TIME OF APPLICATION: _____ OFFICE: _____ SUPPLEMENTAL FUNDS: _____ REGISTRATION DATE: _____ HOH CIF#: _____ DECISION DATE: _____
Mailing Address (if different):			City:	State:	Zip Code:	Chapter you reside in?		
Home Phone No.:	Cell Phone No.:	Email:			Electricity? Yes / No		Indoor plumbing? Yes / No	
2. LIST OF NAMES AND INFORMATION FOR YOURSELF, AND ALL THE PEOPLE WHO LIVE WITH YOU. (Additional space on back)							3. INCOME AND ASSISTANCE	
Name (First and Last)	Social Security No.	Relationship	Date of Birth	Gender (M/F)	Disabled (Y/N)	Census No.	Income Amount? How often?	TANF, SNAP, SSI, SSB Amount? How often?
1.		Head of Household						
2.								
3.								
4.								
5.								
4. WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING? (Choose one, or both.)					5. REQUIRED DOCUMENTATION			
<input type="checkbox"/> LIHWAP <i>Low Income Household Water Assistance Program provides funds to assist low-income households with water and wastewater bills.</i>					<i>Your application will not be processed without required documents. Please submit the following with your application.</i>			
Type of Assistance?	(Circle One)	Septic Tank Services	Water / Waste Water	Water Hauling	<input type="checkbox"/> State Issued ID <small>(applicant only)</small>	<input type="checkbox"/> CIB <small>(all household members)</small>	<input type="checkbox"/> Social Security Card <small>(all household members)</small>	<input type="checkbox"/> Utility Invoice <small>(head of household's name)</small>
					<input type="checkbox"/> Income Statement(s)			
					<input type="checkbox"/> Proof of Residency			
					<input type="checkbox"/> TANF / SNAP / SSI / SSB Award Letter(s)			
					Only when requested: <input type="checkbox"/> W-9			
					<input type="checkbox"/> (3) Price Quotes			
					<input type="checkbox"/> Receipts			
					<input type="checkbox"/> Initial <i>I understand the need for verification and understand that if I am unable to provide the required documentation within ten (10) days of submission, my application will be denied.</i>			
6. SELF ATTESTATION					7. ADDITIONAL RESOURCES			
Have you, or any member of your household, received similar assistance from another tribal, state or local program? Circle One: Yes / No					Do you need help with your rent? Yes / No			
If yes, what? _____ who? _____ when? _____					Do you need help with your mortgage? Yes / No			
My signature below attests that I will use the funds for the intended purposes and that my personal information is true and accurate.					Do you need help with job preparation? Yes / No			
Applicant Signature: _____					Do you need help with childcare? Yes / No			
Date: _____					Do you need services for abuse or neglect? Yes / No			
LIHEAP Date Approved:	Approval Amount:	Vendor Name:	Assistance Type:		Letter of Approval Sent:			
Date Denied:	Reason for Denial:				Letter of Denial Sent:			
LIHWAP Date Approved:	Approval Amount:	Vendor Name:	Assistance Type:		Letter of Approval Sent:			
Date Denied:	Reason for Denial:				Letter of Denial Sent:			
Interviewer:	Interviewer's Signature:			Title:	Telephone Number:			

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

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.