



Follow the steps below and submit your application to Sells Community by 5PM (MST) before the last business day of the month.

Applications may be submitted electronically, mailed or hand delivered to the Sells District Office. Applications will be reviewed to ensure the application is complete and all required documents are attached according to the budget justifications.. Please note, original Clothing Allowance Application and General Welfare Law Application documents will be required.

1. Limit of three (3) children (per household) enrolled in the Tohono O’odham Nation (T.O.N.) may be eligible to receive a Clothing Allowance in the amount of **\$300.00** per child. Assistance will be considered every other year for Pre-K – 12th grade.
2. The parent/guardian must be a Sells District/Sells Community member.
 - Guardians must provide current legal documentation. Letter from CPS Case Managers, Power of Attorney will not be accepted.
 - A copy of parent/guardian T.O.N. enrollment certificate or T.O.N. tribal ID must be provided.
 - A copy of the child’s T.O.N. enrollment certificate or T.O.N. tribal ID must be provided
3. The parent/guardian who are Sells District/Sells Community members who are applying on behalf of a child who is non-Sells district members/non-Sells community members:
 - Submit letters of denial from the child’s enrolled T.O.N. community/district.
4. The following **school records are required for each student:**
 - Report card/grades for the last four (4) quarters, and current term.
 - Attendance records for the last four (4) quarters, and current term.
5. Children enrolling in Early Head Start/Pre-K/Kindergarten will require:
 - An acceptance letter.
6. Parent/guardian must complete and submit W-9 form.
7. **ALLOWANCE WILL BE USED TO PURCHASE CLOTHING AND SHOES ONLY.**
NO SCHOOL SUPPLIES WILL BE PURCHASED.
8. **Receipts must be turned into the Sells District Office within ten (10) working days after receipt of check. Only receipts dated after the check is received by the requestor will be accepted. Failure to do so will disqualify you from any further assistance from the Sells Community. The total amount requested will be converted to a loan.**
9. The parent/guardian is required to attend the community meeting to present their request for Clothing Allowance.

ALL INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

All applicants will be contacted by the community.

Email Applications to SellsCommunity@sellsdistrict.com

Mail applications to: Sells Community/Sells District, P.O. Box 910, Sells, Arizona 85634



FY-2024 SELLS COMMUNITY CLOTHING ALLOWANCE APPLICATION

October 1, 2023 – September 30, 2024

Email to SellsCommunity@sellsdistrict.com. Deliver to Sells District Office
or Mail to Attention: Sells Community, P.O. Box 910, Sells, Arizona 85634.

PLEASE PRINT CLEARLY

PARENT/LEGAL GUARDIAN INFORMATION:

Name: _____ T.O.N. Enrollment No. _____ -S- _____
(Print)

Address: _____
(Street Address / P.O. Box) (City) (State) (Zip code)

Telephone No: (Primary) _____ (Secondary) _____

Email: _____

CHILD(REN)'S INFORMATION:

1. Name: _____ T.O.N. Enrollment No. _____ Age: _____

Name of School: _____ Grade: _____

Relationship to Child: _____ Telephone No: _____

City: _____ State: _____ Zip: _____

2. Name: _____ T.O.N. Enrollment No. _____ Age: _____

Name of School: _____ Grade: _____

Relationship to Child: _____ Telephone No: _____

City: _____ State: _____ Zip: _____

3. Name: _____ T.O.N. Enrollment No. _____ Age: _____

Name of School: _____ Grade: _____

Relationship to Child: _____ Telephone No: _____

City: _____ State: _____ Zip: _____

I, _____, understand that my Clothing Allowance Application will be reviewed by the community representatives. I understand that only **COMPLETE** applications are forwarded to the Sells Community for approval. I further understand that all receipts will be turned into the district office ten (10) working days after receiving the Clothing Allowance Check. I verify I have read the Clothing Allowance Guidelines attached with this application.

Signature: _____ Date: _____

Tohono O'odham Nation - General Welfare Law
APPLICATION FOR ASSISTANCE

1. Type of Assistance Requested _____ **Application Date:** _____

2. Person applying for assistance:

Last name	First Name	Middle Initial		
Address	City	State	Zip Code	Telephone #
Mailing Address	City	State	Zip Code	

3. Tribal Enrollment Number: _____

4. Explanation of Need: Please explain the purpose for requesting assistance. (For example, emergency home repairs due to storm damage, medical emergencies, death, divorce, casualty).

5. Have you previously applied for assistance within the past 12 months? (Nation, district, community, state, federal) Yes ____ **No** ____

If yes, please explain type, amount, and purpose of assistance received (or why it was denied):

6. A. I verify under penalty of perjury that the information provided in this application is true and correct to the best of my knowledge. I authorize verification of all information I provided, and for other agencies, departments, programs, or other individuals, as applicable, to release information needed to verify my application.

B. I promise to provide receipts for any assistance consistent with this request and to use all funds solely for the designated program purpose.

C. I agree to repay any assistance that is not used for the approved program purpose, or for which I do not provide required receipts. I understand that I may be denied future benefits until I repay such amounts, and that I will be subject to all other remedies provided under the GWL.

7. Applicant Signature _____ **Date** _____

8. Official Use Only:

<p><i>FOR Office Use Only:</i></p> <p>Program Name(to address requested need): _____</p> <p>_____ [] Satisfied program guidelines [] Does not satisfy program guidelines [] Safe Harbor program [] Non-Safe Harbor program</p> <p>Comments: _____</p> <p>_____</p> <p>Authorized Signature: _____ Date: _____</p>
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INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSISTANCE

1. Type of Assistance Requested: Provide the name of the type of assistance that the applicant is requesting (for example: housing assistance, funeral assistance).
2. Person Applying for Assistance: Provide the name, address, and telephone number of the person who will be signing the form. If the applicant does not have a telephone, write 'none' in this space. If the Application is for burial assistance, the applicant is the deceased person. Write the words 'For the benefit of' above the person's name.
3. Applicant's Tribal Enrollment Number.
4. Explanation of Need:
Please explain the reason for your request. For example: "My roof is leaking and I have exhausted other program resources." Attach additional sheets of paper if necessary. Also attach any estimates or documents you may have received that justify the expense or need.
5. Has the applicant applied for assistance with other agencies such as the Nation, the state, the federal government, their district, or their community? Check Yes or No. If the applicant checks yes, please include the type and amount of assistance received, as well as reasons that additional assistance is needed. If assistance was denied please state why.
6. In section 6.A., the applicant provides his or her permission for the program agency (a department of the Nation or the district) to verify information received on the application form by contacting another agency, department or program that holds that information. In section 6.B., the applicant verifies that all information in the application form is true and correct. In section 6.C., the applicant agrees to provide receipts for any purchases under the assistance distribution. If any funds are improperly spent, or not properly supported with receipts, the applicant must repay any assistance provided.
7. Applicant 'Signature' and 'Date'. Applicant signs and dates the application. By signing the document the applicant authorizes the release of records by another agency, verifies that all information provided is true and correct, promises to provide receipts for any purchases under the assistance distribution, and agrees to repay assistance if any portion of the assistance is not used for a proper program purpose or if receipts are not provided. If the application is for burial assistance, the personal representative of the deceased should provide the signature on behalf of the deceased.
8. For Office Use Only: A staff person of the Nation or a district will determine whether the applicant meets or does not meet the General Welfare Law and applicable program guidelines.

Note: The information provided on this Application is confidential, personal information. Program staff should protect this document from unnecessary disclosure, and should limit access to it within the program office.

Assistance that complies with the GWL is intended to qualify for tax free treatment under Internal Revenue Code Section 139E. However, neither the Nation nor a District, as applicable, can provide tax advice or guarantee tax treatment of any specific assistance payment.

SELLS COMMUNITY

P.O. BOX 910, SELLS, ARIZONA 85634

Phone 520-383-2281

Fax 520 383-3096

GENERAL WELFARE LAW (GWL) #4 Benefit explanation:

Please explain how you and your family benefit from the assistance you are applying for:

Community Member Signature:

Date: _____

GENERAL INVESTIGATIVE DIVISION

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

TELEPHONE ROOM

GENERAL INVESTIGATIVE DIVISION (GID) - BUREAU

Please advise how you wish to be contacted. The following are the preferred methods:

1. By telephone during business hours (9:00 a.m. to 5:00 p.m., Eastern Standard Time) at (301) 452-5000.
2. By mail to the attention of the appropriate division or office.
3. By facsimile to the attention of the appropriate division or office.
4. By electronic mail to the attention of the appropriate division or office.

For more information, contact (301) 452-5000.

FBI

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><small>(Applies to accounts maintained outside the U.S.)</small></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>	<p>Requester's name and address (optional)</p>

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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;"> </td> <td style="width: 3%; border: 1px solid black;">-</td> <td style="width: 33%; border: 1px solid black;"> </td> <td style="width: 3%; border: 1px solid black;">-</td> <td style="width: 28%; border: 1px solid black;"> </td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;"> </td> <td style="width: 3%; border: 1px solid black;">-</td> <td style="width: 67%; border: 1px solid black;"> </td> </tr> </table>		-			
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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.

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

TO: SAC, NEW YORK (100-100000)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]