



WHITE EARTH HOMELESS PROGRAM

White Earth homeless program received a Community Living Infrastructure grant to prevent homelessness, secure, and maintain housing to address homelessness issues for White Earth members and their families.

Eligibility:

- *Services provided for White Earth enrolled members and descendants
- *Must reside in Minnesota

Services Available:

- *Mortgage and Rent Deposits
- *Past due rent to prevent homelessness
- *Security Deposits
- *Utilities setup costs including telephone and internet services -Past due utilities
- *Costs related to expungements (Filing & Attorney Fee) and unlawful detainers

Information:

Deadline for application is March 27th, 2024.

Applications can be found at White Earth Nation website,
White Earth Homeless Program or White Earth Urban Office listed below.

White Earth Homeless Program
P.O. Box 189
Naytahwaush, MN 56566
Phone: 218-936-3212
Aaron.hisgun@whiteearth-nsn.gov
Ashley.bunker@whiteearth-nsn.gov

White Earth Urban Human Services
1730 Clifton Place
Minneapolis, MN 55403
Phone: 612-813-1590

*Applications submitted in person or email

*Call for application information
*Applications submitted in person

White Earth Homeless Program Community Living Infrastructure Assistance Application for Age 18+ Unhoused Individuals Experiencing Homelessness or Homeless Prevention

Office Use Only

Date Received:

Time received:

Initials:

Complete the following:

Date: _____

Full Name: _____ Date of Birth: _____

Physical address: _____ County: _____

Mailing address (if different) _____

Contact number: _____ Message phone: _____

White Earth Tribal Enrollment: PROOF OF ENROLLMENT OR DESCENDANCY MUST BE PROVIDED

Enrolled? Yes ____ No: ____ Enrollment number: _____

White Earth Descendant ID card. ____ First Generation Descendancy Certificate Verification: ____

____ Certificate Verification from White Earth Enrollments stating you are a descendant. (The grant will pay for this document when application is submitted with a copy of this application.)

Applications will be processed in order received.

Completed applications will be processed first.

Provide all proof required with application.

	Name:	Relationship to Head of Household	Social Security Number:	Date of Birth	Gender	Race	Ethnicity: Hispanic Y/N	Veteran Y/N
1								
2								
3								
4								
5								

Applicant Signature: _____ Date: _____

Checklist of items needed for processing to be completed:

1. Application is signed and dated.
 2. Address and phone number where applicant can be reached.
 3. **Color copy** of your State ID or Tribal ID
 4. Proof of White Earth descendancy.
 - * White Earth Descendant ID card. Or First Generation Descendancy Certificate Verification
 - *Certificate Verification from White Earth Enrollments stating you are a descendant. (The grant will pay for the Certificate Verification your application is submitted with a copy of this application.)
 5. Applicant's name must be on these documents when submitted:
 - a. A statement from your landlord on the rental company's letterhead for rent/security deposit, first/last month's rent, or past due rent.
 - b. An overdue bill from your mortgage company or bank.
 - c. A bill from the utility company for set-up costs, or past due charges.
 6. Completed W-9 from your landlord or Mortgage Company.
 7. Court documents if applying for costs related to expungements (Filing & Attorney Fee) and unlawful detainers.
 8. Brief explanation of needs: _____
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Mail, email, or drop off applications off at the following locations:

White Earth Homeless Program

P.O. Box 189

Naytahwaush, MN 56566

Phone: 218-936-3212

Aaron.hisgun@whiteearth-nsn.gov

Ashley.bunker@whiteearth-nsn.gov

*Applications submitted in person or email

White Earth Urban Human Services

1730 Clifton Place

Minneapolis, MN 55403

Phone: 612-813-1590

*Call for application information

*Applications submitted in person or mailed in to the office.



White Earth Homeless Program
White Earth Human Services
2515 Workforce Center Road
Mahnomon MN 56557
PO Box 189
Naytahwaush, MN 56566
T- 218-936-3212
F- 218-936-3213

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the above-named program to request, receive and exchange information with the following:

Please initial the following who may receive/exchange information.

- _____ (initial) 1. Landlord
Name: _____
- _____ (initial) 1. Mortgage Company
Name: _____
- _____ (initial) 1. Gas Company
Name: _____
- _____ (initial) 1. Electric Company
Name: _____
- _____ (initial) 1. Water and Sewer Company
Name: _____
- _____ (initial) 1. Waste Collection Company
Name: _____
- _____ (initial) 1. Other
Name: _____

This authorization specifically includes records and information prepared prior to and after the date of this authorization. I verify I have been provided a copy of this release form.

Print First and Last Name

Date

Signature

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.	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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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	Exempt payee code (if any) _____
	<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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

CERTIFICATION OF INDIAN BLOOD LETTERS FOR NON-ENROLLEE DESCENDENTS

These certificates are issued ONLY by the White Earth Enrollment Staff and are ONLY issued to a White Earth – M.C.T. Band Member's Child (1st Generation) and Grandchild (2nd Generation). This certificate is used to verify the amount of White Earth blood fraction/percentage a Non-Enrollee Descendent will possess. It also gives verification that the individual is either a 1st or 2nd Generation Non-Enrollee White Earth Descendent.

We will only complete Descendent Verifications for 1st and 2nd Generations of an enrolled Parent/Grandparent. The Birth Certificate for the 1st Generation applicant must have the Enrolled Member listed on the certificate to link lineage. If you are 2nd Generation applicant your 1st Generation parent must have been verified through application process first before completing your application. The 2nd Generation application must have their parent on the birth certificate that links to the 1st generation Non-Enrollee Descendant to the Enrollee. If the 1st generation is deceased, a descendant application needs to be submitted with the state certified birth and death certificate and \$50.00 non-refundable fee.

DOCUMENTS REQUIRED:

- Original or State Certified Birth Certificate (copies are not accepted)
- Copy of legal name change document
 - Marriage License/Certificate
 - Court document
 - Color copy of valid driver's license

Request for Verification Forms will need to be processed for the following requests: *(Unless original letter is submitted with verification requests, the Non-Refundable processing fee still applies per request.)*

- College Scholarship Application Verifications for Non-Enrollees (Descendent)
- Indian Health Service Verifications for Non-Enrollees (Descendent)
- Documentation that you do possess Native American Blood
- Proof of White Earth Descendancy for applying for any Federal Position, we DO NOT complete the BIA form 4432 for Non-Enrollees.

We will ONLY accept mailed in Descendent Verification forms and the Original or State Certified Birth Certificates for each applicant. The Birth Certificate will be returned after processing. **WE WILL NOT ACCEPT FAXED, EMAILED, OR COPIES OF THE APPLICANT'S FORMS and DOCUMENTS** or it will be returned minus the \$50.00 Non-Refundable fee (if accompanied by cash, check or money order). There will be a \$10.00 RUSH non-refundable RUSH fee included, if needed the same day.

FEES:

- **\$50.00 Non-Refundable fee**, per application.
- **\$10.00 non-refundable RUSH fee**, per application
- **\$5.00 non-refundable duplication fee of certificate**

If a 1st Generation parent has a Descendent letter, the original 1st generation letter must accompany the application for the 2nd Generation child. This will be returned along with the Non-Enrollee Descendant letter for the child.

Please initial that you have read and understand: _____

If you have any questions, please contact the White Earth Enrollment Staff.

White Earth Tribal Enrollments
P.O. Box 506
White Earth, MN 56591
Phone: 218.983.4643

White Earth Reservation Tribal Council – Tribal Enrollments
REQUEST FOR VERIFICATION OF DESCENDENCY

P.O. Box 506
White Earth, MN 56591
218.983.4643

DESCENDENT APPLICANT:

1ST GENERATION 2ND GENERATION

Name: _____
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

Date of Birth: _____ Telephone Number: _____

Current Mailing Address: _____
(ADDRESS) (CITY) (STATE) (ZIP CODE)

MOTHER OF APPLICANT:

Name: _____
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

Date of Birth: _____ M.C.T. Affiliation: _____

FATHER OF APPLICANT:

Name: _____
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

Date of Birth: _____ M.C.T. Affiliation: _____

GRANDMOTHER OF APPLICANT: (Only Applicable if Applicant is 2nd Generation)

Name: _____
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

Date of Birth: _____ M.C.T. Affiliation: _____

GRANDFATHER OF APPLICANT: (Only Applicable if Applicant is 2nd Generation)

Name: _____
(FIRST) (MIDDLE) (MAIDEN) (LAST) (SUFFIX)

Date of Birth: _____ M.C.T. Affiliation: _____

IF REQUEST IS FOR A MINOR CHILD, ADDITIONAL PROOF OF LEGAL GAURDIANSHIP IS REQUIRED:

Print Full Name of Requestor: _____

Relationship: _____

SIGNATURE: _____ DATE: _____