

# Port Gamble S’Klallam Tribe

## General Welfare Program

### Elders Assistance Program Application

This application is for enrolled members of the tribe, 55 years or older. The elder must be 55 or older on or by March 31, 2023. This application is for benefits or subsidy to ensure security, which may include but is not limited to subsidies for utilities.

~ No Check will be disbursed unless the following information is completed. ~

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

| Is this a new address? |
|------------------------|
| YES                    |
| NO                     |

- Choose **ONE** type of support you prefer (\$1,000 value):
- \_\_\_\_\_ Cash check
  - \_\_\_\_\_ Puget Sound Energy bill payment
  - \_\_\_\_\_ Water/Garbage bill payment
  - \_\_\_\_\_ Propane bill payment
  - \_\_\_\_\_ PGST Housing rent payment

| Accounting Only: |
|------------------|
| Vendor Name      |
| -                |
| Vendor Class ID: |
| Exempt           |

| <i>Elders Signature of Acceptance</i>  |                      |
|--|----------------------|
| <p><i>By Signing Below, I agree that I understand this application, and by applying for this benefit, it may impact my other sources of income eligibiity. I also understand this is a one time subsidy and is not considered a Percapita. I will also retain any housing subsidy receipts to be expensed by 12/31/2023; in my own personal records.</i></p> |                      |
| _____<br><i>Signature of Tribal Elder</i>  | _____<br><i>Date</i> |
| _____<br><i>Signature of Protective Payee</i><br>(if applicable)   | _____<br><i>Date</i> |

This form replaces the standard W-9 Form

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date