YUROK TRIBE CLIENT SERVICES DEPARTMENT

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548

(707) 951-6331 or 855-55-YUROK

Burial Assistance Application Checklist

Burial Assistance Program
Email: Burial@yuroktribe.nsn.us

The Yurok Tribal Burial Assistance Program offers compassionate financial support to assist with burial expenses for deceased Yurok Tribal members whose estates lack sufficient resources. Assistance is available regardless of service area and is intended to ease the financial burden during times of loss. The Yurok Tribal Burial Assistance Program may be able to assist with final expenses such as: Chapel/Mortuary Services, Caskets/Urns, Headstones, Burial Plots, Flowers, Death Certificates, and Newspaper Announcement.

Application Checklist:

- ☐ **Completed Application**
- ☐ **Verification of Death (e.g. Death Certificate, Newspaper Obituary, Verification from Mortuary)**
- ☐ **Invoice from Funeral Home or other Service Providers**
- ☐ **W9 for Funeral Home or other Service Provider (Outside of the Service Area)**
- ☐ **Copy of Life Insurance Information/Policy, if applicable**

Application Submission Options:

- **Email**: Burial@yuroktribe.nsn.us
- **Mail**:
  190 Klamath Boulevard
  Attn: Client Services Department
  Post Office Box 1027
  Klamath, CA 95548
- **Drop off at any Yurok Tribal Office** with attention to Client Services Department

Questions?: Please call (707) 951-6631

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Burial Assistance Application

Burial Assistance Program | Email: Burial@yuroktribe.nsn.us

Applicant Information:

Applicant Name: _____ Date: _____

Relationship to the Deceased: _____

Phone Number: _____ DOB:_____

Physical Address (Street, City, State, Zip):_____

_____

Mailing Address (if different than physical):_____

Email Address: _____

Deceased Information:

Name: _____

Tribal ID:_____ DOB:_____ Date Deceased:_____

Physical Address (Street, City, State, Zip):_____

_____

Service Area: ☐Del Norte ☐Humboldt ☐Trinity ☐Out of Service Area

District: ☐North ☐South ☐East ☐Requa ☐Weitchpec ☐Pecwan ☐Orick

Did the Deceased have Life Insurance? ☐Yes ☐No If yes, Amount: _____

Please list any Income and Resources available to the Deceased (include SSI, veterans' death benefits, social security, and Individual Indian Money (IIM) accounts, etc.):

Source	Name	Amount
Social Security/SSI		
Veteran Benefits		
Pension/Retirement		
IIM Account		
Other Income		
Other Resources		
	Total	

Anticipated total of Burial/ Funeral expenses: $_____

Amount requested from Yurok Tribe Burial Assistance Program: $_____

Burial Assistance Acknowledgements & Authorization to Release Information:

_____I understand that I will be required to provide verification of Life Insurance for the Deceased, Invoices for services provided, W-9 for Vendors, etc.

_____I understand my application will remain active for ten (10) days in order to give me the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive and I will need to re-apply again if assistance is still needed.

_____I hereby release the Yurok Tribe and its agents and employees from any/ all liabilities, responsibilities, damages and claims which might result from release of information authorized above.

_____I authorize Client Services Department, a department of the Yurok Tribe, and the organizations and/or individuals indicated below by to release and receive information concerning burial/funeral arrangements for the deceased listed above.

By signing below, I am certifying that all information provided, oral and written are true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. This release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client.

Verbal Authorization Given: _____Yes _____No _____Not Applicable

Staff Receiving Verbal Authorization: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature (other household adults) :_____ Date: _____

End of Application

Form **W-9**
(Rev. October 2018)
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.

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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 FATCA reporting code (if any) _____

(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:

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*.

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.*