

Updated FEB 2024

Here is an application packet for CSBG assistance funding. Please be sure to **complete all areas** of the application **and include all supporting documents** that are needed. Incomplete applications will not be considered for funding. A check list of all items that will need to be included for your application to be considered complete is itemized below. Only one application per household address will be funded per grant fiscal year (July 1 – June 30) and must wait one year from date you received your last CSBG assistance.

- **Complete** and signed application-all **demographic information** for all in your household. You must be listed in **Section III** as you are in your household.
- **Income verification** for the previous month. Income includes Unemployment, MFIP, Social Security, etc. If **NO** income, then submit **ZERO** income form.
- **W9** completed by landlord or vendor performing vehicle repairs. Whoever is on the W9 that is who will get the check.
- **Quote or estimate** (if used for vehicle repairs). The Statement for Use of Funds-what will the funds be used for. Verification of rent owed or security deposit (if used for rental assistance) Dress code (if used for employment clothing)
- **Proof of Bois Forte Enrollment** (if **new** to the program)

Maximum assistance dollar amounts are as follows:

- Employment clothing - \$250.00
- Vehicle repairs - \$500.00
- Rental assistance - \$500.00

This is NOT an instantaneous program. Processing your application will take time but will be done efficiently and effectively after proper income verification and paperwork have been received. ***You are highly encouraged to check up on your CSBG application!!***

Completed applications can be returned by **postal mail or in person:**

Bois Forte Tribal Government Center
Attn: Tracey Dagen
5344 Lakeshore Dr
Nett Lake MN 55772

Returned by **fax:**

218-757-3312

Attn: Tracey Dagen

Returned by **email:**

tracey.dagen@boisforte-nsn.gov

CSBG CLIENT INTAKE APPLICATION
CSBG Programmatic Report Period January 1, 20__ to December 31, 20__

Date: _____ Prepared by: _____ Client File #: _____

Part I.

Name:

(last) (first) (M.I.)

Address:

(street) (apt.#)

(city) (zip)

Phone # hm.

Phone # wk.

Part II.

INCOME/HOUSEHOLD MEMBERS

Household Members	Date of Birth	Social Security#	Source of Income/Documentation	Amount of Income for 30 Days Prior to Application Date (gross)
TOTAL 30 DAY INCOME				\$

Record the income for each household member 18 and over for 30 days prior to this application. Include income from employment and other types of assistance. For income from employment, record the gross pay.

HOUSEHOLD'S ANNUALIZED INCOME:

\$_____ (total income for 30 days) x 12 (months) = _____ (Household's Annualized Income)

To annualize income, enter the total household income for the past 30 days in the space provided and multiply the amount by 12, then enter the sum for the Household Annualized Income in the space provided.

Is the Household's Annualized Income at or below 125% of the current Poverty Income Guidelines? ☐ Yes ☐ No

Part III.

CSBG INDIVIDUAL DEMOGRAPHIC INFORMATION

H/H Mem #	Name	1. Sex	2. Age	3. (a) Race	3.(b) Ethnicity	4. Education	5. Other
		a b	a b c d e f g h	a b c d e f	a b	a b c d e	a b c
1							
2							
3							
4							
5							

1. Sex <input type="radio"/> Male <input type="radio"/> Female	2. Age <input type="radio"/> 0 - 5 <input type="radio"/> 6 - 11 <input type="radio"/> 12 - 17 <input type="radio"/> 18 - 23 <input type="radio"/> 24 - 44 <input type="radio"/> 45 - 54 <input type="radio"/> 55 - 69 <input type="radio"/> 70+	3. (a) Race <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Multi-Race <input type="radio"/> Other	3. (b) Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	4. Education -- highest grade completed for Adults 24 & Older <input type="radio"/> 0 - 8 <input type="radio"/> 9 - 12/Non Graduate <input type="radio"/> High School Graduate/GED <input type="radio"/> 12 + some post secondary <input type="radio"/> 2 or 4 year college graduate	5. Other <input type="radio"/> No Health Ins. or Medicaid <input type="radio"/> Disabled <input type="radio"/> Veteran
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Part IV.**CSBG HOUSEHOLD CHARACTERISTICS**

6. Household Type		8. Source of Household Income		9. Level of Household Income	
a. Single Parent/Female		a. No Income		a. up to 50%	
b. Single Parent/Male		b. TANF		b. 51 to 75%	
c. Two-parent household		c. SSI		c. 76% to 100%	
d. Single person		d. Social Security		d. 101% to 125%	
e. Two adults/no children		e. Pension		e. 126% to 150%	
f. Other		f. General Assistance		f. 151% to 175%	
		g. Unemployment Insurance		g. 176% to 200%	
		h. Employment plus any sources above		h. 201% and over	
7. Household Size		i. Employment Only		10. Housing	
a. 1		j. Other		a. Own	
b. 2				b. Rent	
c. 3				c. Homeless	
d. 4				d. Other	
e. 5					
f. 6				11. Other Characteristics	
g. 7		CSBG Demographics & Household Characteristics have been transferred to tally sheets Date: _____ By: _____		a. Receive Food Stamps	
h. 8 or more				b. Farmer	
				c. Migrant Farmworker	
				d. Seasonal Farmworker	

Part V.**CERTIFICATION (APPLICANTS MUST SIGN THIS SECTION)**

I certify that the information provided on this application is true and correct to the best of my knowledge and belief.

(Applicant's Signature)

Date: _____

Part VI.**DESCRIPTION OF HOUSEHOLD SITUATION - PLAN OF ACTION**

Describe the current household situation relevant to seeking assistance and agency plan of action.
List assistance provided on Client Service Record.

TO BE COMPLETED BY LANDLORD OR REPAIR SHOP

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
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	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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.



Bois Forte CSBG Certification of ZERO INCOME

PLEASE print FULL NAME _____

Social Security Number _____

I hereby certify that I do **NOT** receive income from any of the following sources:

- Employment wages
- Private Entities (Self-Employment Earnings)
- Rental Income from real or personal property (Interest Assets)
- Social Security or Disability Benefits
- Veteran's Benefits or Death Benefits
- Public Assistance (MFIP)
- Alimony or Child Support
- Educational grants (Student loans or Scholarships)
- Other sources of income

I had NO Income for the month of _____ or for the LAST (30) THIRTY DAYS

Signature

Date

REFERENCE CHART

Yearly Guidelines & Thresholds | Coverage Year 2024

2023 Federal Poverty Guidelines (Coverage Year 2024)

# in Household	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$14,580	\$20,120	\$21,870	\$29,160	\$36,450	\$43,740	\$58,320
2	\$19,720	\$27,214	\$29,580	\$39,440	\$49,300	\$59,160	\$78,880
3	\$24,860	\$34,307	\$37,290	\$49,720	\$62,150	\$74,580	\$99,440
4	\$30,000	\$41,400	\$45,000	\$60,000	\$75,000	\$90,000	\$120,000
5	\$35,140	\$48,493	\$52,710	\$70,280	\$87,850	\$105,420	\$140,560
6	\$40,280	\$55,586	\$60,420	\$80,560	\$100,700	\$120,840	\$161,120
7	\$45,420	\$62,680	\$68,130	\$90,840	\$113,550	\$136,260	\$181,680
8	\$50,560	\$69,773	\$75,840	\$101,120	\$126,400	\$151,680	\$202,240

For households with more than 8, add \$5,140 for each additional person. Source (plus Hawai'i and Alaska guidelines): aspe.hhs.gov/poverty-guidelines
Eligibility for premium tax credits in coverage year 2024 is based on 2023 poverty guidelines. FPL = federal poverty line.

Expected Premium Contribution (Coverage Year 2024)

Annual Household Income (% of FPL)	Up to 150% FPL	200% FPL	250% FPL	300% FPL	400% FPL & Above
Expected Premium Contribution (% of Income)	0%	2%	4%	6%	8.5%

Source: American Rescue Plan Act Public Law No: 117-2; Inflation Reduction Act Public Law No: 117-169

Employer-Sponsored Insurance Affordability Threshold (Coverage Year 2024)

Eligibility for Premium Tax Credits If Offer of Employer-Sponsored Insurance is Considered Unaffordable	
Considered unaffordable if ESI offer exceeds:	Affordability of family coverage determined by:
8.39%	Cost of family coverage

Source: irs.gov/pub/irs-drop/rp-23-29.pdf

Out-Of-Pocket Maximum (Coverage Year 2024)

Plan Type	Income Level	Out-of-Pocket Maximum	
		Individual	Family
All plans ¹	All income levels	\$9,450	\$18,900
CSR Silver Plan 73% AV ²	Between 201%-250% FPL	\$7,550	\$15,100
CSR Silver Plan 87% AV ²	Between 151%-200% FPL	\$3,150	\$6,300
CSR Silver Plan 94% AV ²	Up to 150% FPL	\$3,150	\$6,300

¹Applies to all plans in the individual and group market. ²Applies only to silver plans eligible for CSR sold in the Marketplace.

Note: CSR = cost-sharing reductions. AV = actuarial value. Source: cms.gov/files/document/2024-papi-parameters-guidance-2022-12-12.pdf

Affordability Exemption Threshold (Coverage Year 2024)

Eligibility for Catastrophic Coverage for Individuals Age 30 and Older	
Coverage considered unaffordable if premium for marketplace coverage (after APTC) or employer coverage costs more than:	7.97% of income

Source: cms.gov/files/document/2024-papi-parameters-guidance-2022-12-12.pdf