

*Department
of
Labor*



DREAMS Program
Anne Pedro, Director
1.800.247.4612. x.27662
Office (405) 422-7662
dreamsgroup@cheyenneandapaho-nsn.gov
www.cheyenneandapaho-nsn.gov

Staff Use ONLY

Date Received _____
Time Received _____
Staff Initials _____

DREAMS PROGRAM

**DIRECT EMPLOYMENT ASSISTANCE (DEA) APPLICATION
DOCUMENTATION CHECKLIST**

This checklist helps each applicant determine if they are ready to submit their DEA Application and Required Documents. Please ensure all documents are submitted to the DREAMS Office at **least before 1ST FULL PAYCHECK to avoid delay. This is not an emergency service. Please initial each attached:**

- ☐ Application completed entirely with signatures
- ☐ Privacy Statement (Allows staff to retrieve documents on your behalf)
- ☐ CDIB (Enrolled in Federal Recognized Tribe)
- ☐ Second ID (one of the following):
 - Birth Certificate
 - Social Security Card
 - Driver's License/State ID
 - Passport
- ☐ Education (one of the following):
 - High School Transcript (Youth that may have dropped out)
 - High School Diploma/GED
 - College Transcript or Diploma
- ☐ Residency (physical address within 30 days):
 - Proof of Residency (Utility bill, lease agreement, or bank statement in youth or Parent/Guardian name)
 - Residence Verification Form and proof of residence in residence name. (if there is none in applicant's name)
- ☐ Income (within the last 6 months):
 - Proof of Income (paystub, W2, or benefit letter from SNAP, TANF, SSI, Unemployment or IIM)
 - No Income Verification (for those age 18+ that do not have proof of income)
- ☐ Selective Service (Required for Males age 18+)
- ☐ Employment Verification – Date of Hire (Signed by applicant and employer)
- ☐ Survey of Needs Form
- ☐ W9 Form

Send to dreamsgroup@cheyenneandapaho-nsn.gov or mail to P.O. BOX 67, Concho, OK 73022 or fax to (405) 422-8243. If you have any questions, please call (405) 422-7662.



DEPARTMENT OF LABOR

This application process takes time to verify pertinent information, please allow seven (7) to ten (10) business days for eligibility to be determined.
E-mailing application may expedite process dreamsgroup@cheyenneandrapaho-nsn.gov but please **mail original copy** to:
DREAMS Program, P.O. Box 67, Concho, OK 73022.

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Central Intake/Referral Form

1. LAST NAME		FIRST NAME		MIDDLE INITIAL		MAIDEN NAME/OTHER NAME		SUFFIX	
2. MAILING ADDRESS		CITY		STATE		ZIP CODE		COUNTY	
3. PHYSICAL ADDRESS		CITY		STATE		ZIP CODE		COUNTY	
4. EMAIL ADDRESS						5. CELL PHONE ()		6. DATE OF BIRTH	
7. SOCIAL SECURITY NUMBER				8. MARITAL STATUS ☐ Single ☐ Separated ☐ Widow/Widower ☐ Divorced ☐ Married				9. EDUCATIONAL STATUS ☐ Student ☐ HS Dropout LAST GRADE COMPLETED: (ex. 9 th , 10 th , 11 th , 12 th) ☐ HS Graduate ☐ GED Graduate ☐ Post High School ☐ College Graduate	
10. GENDER ☐ Male ☐ Female		11. CULTURAL IDENTIFICATION CDIB ATTACHED ☐ Yes ☐ No ☐ American Indian/Alaskan Native ☐ Native Hawaiian Island or other Pacific Islander ☐ Non-Native Tribal Affiliation:							
12. HOUSING ☐ Own ☐ Free Housing ☐ Rent ☐ Homeless		13. C&A HOUSING AUTHORITY RESIDENT? ☐ Yes ☐ No		14. TRANSPORTATION Driver's License No. ☐ Yes DL# _____ ☐ No Dependable Transportation? ☐ Yes ☐ No Type of Transportation:					
15. PUBLIC ASSISTANCE ☐ SNAP/Commodities ☐ TANF ☐ HOPE/Elder Care ☐ General Assistance ☐ SSI ☐ WIC ☐ SSDI ☐ Other:		16. SOCIAL SERVICE NEEDS ☐ Housing ☐ Transportation ☐ Child Care ☐ Substance Abuse ☐ Parenting ☐ Counseling ☐ Other:		17. TRAINING NEEDS/INTEREST ☐ Basic Skills ☐ GED ☐ Occupational Skills Upgrade ☐ On the Job Training ☐ Vocational Short Term ☐ Vocational Long Term ☐ Retraining		18. EMPLOYMENT NEEDS/INTEREST ☐ Job Search ☐ Employment Referral ☐ Work Experience ☐ Life/Employment Skills ☐ Apprenticeship ☐ Rehab Technology ☐ Other:			
19. VETERAN STATUS ☐ Honorably Discharged ☐ Recently Separated ☐ Disabled ☐ Other: Active Duty/Guard/ Reserve ☐ Not a Veteran		20. SELECTIVE SERVICE ☐ Registered # _____ ☐ Not Registered ☐ Exempt ☐ Not Applicable		21. CHILD CARE ☐ Not Applicable ☐ Number of Children Under Age 24: _____ ☐ Currently Have Child Care Services ☐ Do not have Child Care Services/Need Services		22. TYPE OF CURRENT CHILD CARE ☐ Center ☐ Provider Home ☐ In Home ☐ Relative			
23. EMPLOYMENT STATUS ☐ Currently Employed ☐ Underemployed ☐ Layoff/RIF ☐ RIF ☐ Unemployed Benefits Rec'd: Y N ☐ Long-Term Unemployed (15 of past 26 months)		24. BARRIERS TO EMPLOYMENT ☐ High School Incomplete ☐ Individual with a Disability ☐ Offender ☐ Basic Skills Deficient (less than 9th grade) ☐ Public Assistance Recipient ☐ Homeless, runaway, or foster child ☐ Substance Abuse ☐ Displaced Homemaker ☐ Pregnant or Parenting Youth ☐ Transportation ☐ Limited Work History ☐ Single Head of Household w/dependent under age 18 – Number of Dependents Under Age 18 _____				25. DO YOU HAVE ANY OTHER BARRIERS TO EMPLOYMENT? ☐ Yes ☐ No If yes, explain:			
26. WORK EXPERIENCE (list most recent employment first)									
Employer 1									
Company Name			Address			City, State, Zip Code			
Job Title			Date Started			Date Ended			
Hourly Wage		Reason for Leaving			Job Duties				





Central Intake/Referral Form (continued)

26. WORK EXPERIENCE (continued)

Employer 2

Company Name		Address		City, State, Zip Code	
Job Title		Date Started		Date Ended	
Hourly Wage	Reason for Leaving			Job Duties	

Employer 3

Company Name		Address		City, State, Zip Code	
Job Title		Date Started		Date Ended	
Hourly Wage	Reason for Leaving			Job Duties	

27. EDUCATION EXPERIENCE

High School Name		Address		City, State, Zip Code	
Other High Schools Attended				Graduation Year	
Year GED Completed		In what Year did you last attend High School?			High School Name
Vocational School		Address		City, State, Zip Code	
Course Name		Date Started / Date Finished			
Certification Earned/ YR			2nd Certification Earned/ YR		
College/University		Address		City, State, Zip Code	
Major / Minor		Date Started		Date Completed/Withdrawn	
Associates Degree/YR		Bachelor's Degree/YR		Master's Degree/YR	

28. CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud or perjury; or I will be subject to immediate termination. I understand that the information provided will be used to determine eligibility for DREAMS program services and subject to review and verification, and that I may be required to provide documents to substantiate income, benefits, prior and present work history, CDIB and other pertinent documentation to support this application. I further understand that a determination of eligibility is not a guarantee of services. I hereby authorize release of this information for verification purposes understanding all information is confidential and will not be released to any other agency, office, or individual unless the information is necessary to provide me with comprehensive services. _____

Signature of Applicant:		Date:	
Print Applicant Name			

OFFICE USE ONLY

FOR REFERRALS

☐ Child Care Services	☐ Re-entry Services	☐ Food Distribution
☐ Family Assistance / Social Services	☐ Health Services: Tribal IHS	☐ State Partners: _____
☐ Education Services _____	☐ Housing Authority	

Intake reviewed by (Staff Name):

Intake Date:





DREAMS PROGRAM
DEPARTMENT OF LABOR
Anne Pedro, Director
1-800-247-7612
ext. 27662

STATEMENT OF PRIVACY

Please complete and send to the DREAMS Program by e-mail: dreamsgroup@cheyenneandrapaho-nsn.gov
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

In accordance to the Privacy Act of 1974 (Title 5 U.S.C. 552a) the Cheyenne and Arapaho Tribes DREAMS program operates under the general authority of 25 U.S.C. 450 et seq., with specific regulations contained in 25 CFR, Part 46. In accordance with the accountability required for the administration of funds appropriated for the program, and in order to provide services to recipients, and to declare eligibility, certain information is required of all applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

I, the applicant, understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office.

And specifically, the release of information is regarding educational history, grades/transcripts, attendance, and certification test results, to the Cheyenne and Arapaho Tribes DREAMS Program. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility of the DREAMS program.

I have read and understand the statement of privacy listed with the application form. I hereby provide the requested information and authorize the use of such information to the uses specified in the statement. I, also, understand that I must furnish a certificate of completion, or vocational transcript, GED Test scores, for compliance before receiving future assistance from the Cheyenne and Arapaho Tribes DREAMS program.

Signature of Applicant

Witness

Print or Type Name



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NO INCOME STATEMENT

Please complete and send to the DREAMS Program by e-mail: dreamsgroup@cheyenneandapaho-nsn.gov
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

Please explain why you do not currently have an income, and also explain how your needs are currently being met.

I, _____, currently do not receive any monetary income because:

Please check all that apply:

- ☐ Last employment within the last six (6) months was at \$ _____/hr.
- ☐ I have NOT had employment in the last six (6) months.
- ☐ Layoff/Reduction of Force
- ☐ Termination/Resignation
- ☐ Dislocated worker
- ☐ Homemaker
- ☐ Illness/Caring for a sick family member
- ☐ Furthering Education
- ☐ Other: _____

Staff Use ONLY

Please check all that apply:

- ☐ I receive SNAP benefits.
- ☐ I receive TANF benefits.
- ☐ I receive WIC benefits.
- ☐ I receive Unemployment.
- ☐ I receive NO benefits.
- ☐ Other: _____

I hereby certify that the above statement/information is true.

Applicant Signature _____ Date _____

MUST BE NOTARIZED

- ☐ Tribal I.D. Card Roll# 2801A _____
- ☐ Other I.D. _____ Type: _____ expires _____

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public Signature

My commission expires on: _____

**Department
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P.O. Box 67, Concho, OK 73022



DREAMS Program
Anne Pedro, Director
1.800.247.4612. Ext 27662
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Fax# 405-422-8243
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Residence Verification

Please complete and send to the DREAMS Program by e-mail: dreamsgroup@cheyenneandapaho-nsn.gov
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

Please provide why the proof of residency document is NOT under your name and explain your living arrangements.

I, _____, currently do not have a proof of residency document under my name because:

Please check all that apply:

- ☐ I do NOT have a utility bill in my name.
- ☐ I do NOT have a bank statement.
- ☐ I do NOT have a house/apartment lease agreement in my name.
- ☐ Homeless, Live with family member/friend
- ☐ Other: _____

Staff Use ONLY

Name of person the proof of residency document is under:

FIRST NAME: _____ LAST NAME: _____

Their Phone#: () _____ Relationship to You: _____

Physical Address: _____ City: _____

State: _____ Zip code: _____

I hereby certify that the above statement/information is true.

Applicant Signature _____ Date _____

MUST BE NOTARIZED

- ☐ Tribal I.D. Card Roll# 2801A _____
- ☐ Other I.D. _____ Type: _____ expires _____

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public Signature

My commission expires on: _____

Staff Use ONLY

Date Received _____
 Time Received _____
 Staff Initials _____

**EMPLOYMENT VERIFICATION FORM**

DIRECT EMPLOYMENT ASSISTANCE/SUPPORTIVE SERVICES

DATE OF HIRE

Please complete and send to the DREAMS Program by e-mail: dreamsgroup@cheyenneandrapaho-nsn.gov

OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

TO BE COMPLETED BY EMPLOYEE/APPLICANT

Direct Employment Assistance is designed to assist before the first paycheck is received. Supportive Services is designed to assist with uniforms, footwear, and personal protective wear required for employment.

FIRST NAME: _____ LAST NAME: _____

CDIB#: _____ SSN#: _____

I hereby authorize my employer to release requested information in order to determine my eligibility for the Cheyenne and Arapaho Tribes DREAMS Program services.

 Employee Signature

 Date

TO BE COMPLETED BY THE EMPLOYER OF THE EMPLOYEE/APPLICANT

Employment services is designed to assist the participant in overcoming barriers to employment.

EMPLOYEE JOB TITLE: _____

HIRE DATE: _____ 1ST PAYCHECK DATE: _____ HOURLY WAGE: _____ HRS PER WEEK: _____

EMPLOYEE STATUS: ☐ FULL-TIME (30+HRS) OR ☐ PART-TIME AND ☐ PERMANENT OR ☐ CONTRACT/TEMP

WORKSCHEDULE: If the employee schedule varies, please provide an example.

	SUN	MON	TUES	WED	THUR	FRI	SAT
FROM	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____
TO	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____	☐ AM _____ ☐ PM _____

COMPANY/EMPLOYER NAME: _____

COMPANY ADDRESS: _____

SUPERVISOR NAME: _____

SUPERVISOR CONTACT NUMBER: _____

SUPERVISOR EMAIL: _____

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

 EMPLOYER/SUPERVISOR SIGNATURE

 DATE

OFFICE USE ONLY

Date Verified: _____ Time Verified: _____ ☐ FULL-TIME ☐ PART-TIME ☐ PERMANENT ☐ CONTRACT

Verified with Employer Name/Title: _____

DREAMS Staff Signature: _____

☐ APPROVED / ☐ DENIED by _____ Date: _____

Fund: _____ Amount: _____ Service Manager / Director

Notes: _____



EMPLOYMENT NEEDS VERIFICATION FORM

SURVEY OF NEEDS

Supportive Services for Employment

Please complete and send to the DREAMS Program by e-mail: dreamsgroup@cheyenneandrapaho-nsn.gov
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

TO BE COMPLETED BY EMPLOYEE/APPLICANT

The Survey of Needs assistance is to increase job acquisition and retention, provided after program eligibility is determined. As each applicant need is different, service will be approved on priority items that relate to retaining employment.

FIRST NAME: _____ LAST NAME: _____

CDIB#: _____ SSN#: _____

ADDRESS _____
STREET / P.O. BOX / RR CITY STATE ZIP

ACKNOWLEDGEMENT STATEMENT:

I, _____, understand that:

- ✓ Survey of Needs assistance is intended to remove employment barriers, and all requested items must be directly related to my job duties.
- ✓ If I self-terminated from the DREAMS program, I will not be eligible for three years from the date of this application approval.
- ✓ If I receive DREAMS Survey of Needs assistance, I am not eligible to reapply for one (1) year and must remain employed with the same employer. If I receive steel-toe boot assistance, I am not eligible to reapply for two (2) years and must remain employed with the same employer.
- ✓ I authorize my employer to release information necessary to verify my employment status and service needs for the Cheyenne and Arapaho Tribes DREAMS Program.

Applicant Signature

Date

TO BE COMPLETED BY EMPLOYER ONLY

Employment supportive service is designed to assist the participant in overcoming barriers to employment.

EMPLOYEE JOB TITLE: _____ HIRE DATE: _____

EMPLOYEE EMPLOYMENT STATUS AND NEEDS ASSESSMENT		
HOURS	☐ FULL-TIME #of HRS PER WEEK _____ OR ☐ PART-TIME	HOURLY WAGE: _____
POSITION TYPE	☐ PERMANENT OR ☐ CONTRACT/TEMP	HIRE DATE: _____
ITEMS NEEDED FOR JOB	UNIFORM: ☐ Shirt ☐ Pants/Slacks ☐ Scrubs ☐ Overalls	
	FOOTWEAR: ☐ Dress shoes ☐ Nonskid shoes ☐ Steel toe shoes	
	OTHER ITEMS ☐ Tools ☐ Equipment ☐ Safety Wear ☐ Prescription Glasses	

SUPERVISOR NAME: _____

SUPERVISOR TITLE: _____ CONTACT NUMBER: _____

SUPERVISOR EMAIL: _____

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

EMPLOYER/SUPERVISOR SIGNATURE

DATE

OFFICE USE ONLY

Date Verified: _____ Time Verified: _____ ☐ FULL-TIME ☐ PART-TIME ☐ PERMANENT ☐ CONTRACT
Verified by Employer Name/Title: _____ OR ☐ Employee Badge OR ☐ Letter of Acceptance (attached)
DREAMS Staff Signature: _____
☐ APPROVED / ☐ DENIED by _____ Date: _____
Fund: _____ Amount: _____ Service Manager / Director
Notes: _____

DEPARTMENT OF LABOR
P.O. Box 67
Concho, OK 73022



CHEYENNE AND ARAPAHO TRIBES
DREAMS PROGRAM

Staff Use ONLY	
Date Received	_____
Time Received	_____
Staff Initials	_____

EMPLOYMENT SUPPORTIVE SERVICES ISP			
Client Name:		Client DOB:	Contact Number: _____ Date: _____
Career One Stop Used? ☐ YES ☐ NO	Case Manager:		City: _____
Currently Employed: ☐ YES ☐ NO If yes, ☐ Full-time ☐ Part-time ☐ Permanent ☐ Temp		C&A Tribal Member ☐ YES ☐ NO	Service Area: ☐ YES ☐ NO
EDUCATION			
High School Diploma or Equivalent (GED) ☐ YES ☐ NO		Other Qualifications (Professional License): _____	
College Education ☐ YES ☐ NO		Degree: _____	
Vocational Training ☐ YES ☐ NO		Certificate: _____	
WORK HISTORY			
Number of employers in the past 5 years: _____		TERO application completed. ☐ YES ☐ NO	
Do you have prior work experience (Paid/Unpaid)? ☐ YES ☐ NO work experience in the past year ☐ Currently employed		Do you have a disability? ☐ YES ☐ NO	
EMPLOYMENT GOALS			
What are your career goal? Please list (3) interests.		List top (3) skills:	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
LEARNING STYLE			
What is your preferred method of learning? (How do you learn best?) ☐ Visual: Learns best by seeing new information ☐ Auditory: Learns best by listening and reading out loud ☐ Kinesthetic: Learns best through hands-on experience ☐ Reading/Writing: Learns best through reading and writing new information			
DIRECT EMPLOYMENT ASSISTANCE			
☐ Direct Employment Assistance: Employment verification prior to receiving the first full paycheck and complete survey of needs form. (Only once within a 3-year period)			
START DATE:		DATE OF FIRST PAY CHECK:	
Name of Employer:		Worksite Location:	
Date of Hire Verification <i>Must be employed in a permanent full-time position.</i> <i>Responsibility of Participant to submit an Employment Verification form.</i>		Date of Hire Date: Permanent Full-time: ☐ YES ☐ NO DATE VERIFIED: _____	
60-days Employment Verification <i>Must be employed at same employer.</i> <i>Responsibility of Participant to submit an Employment Verification form.</i>		60-days Date: Still employed: ☐ YES ☐ NO DATE VERIFIED: _____	
90-days Employment Verification <i>Must be employed at same employer.</i> <i>Responsibility of Participant to submit an Employment Verification form.</i>		90-days Date: Still employed: ☐ YES ☐ NO DATE VERIFIED: _____	

GOOD WORK HABITS	
Good Work Habits Incentive is a follow up program designed for participants that exhibit responsible work habits.	
30-day Perfect Attendance Good Work Habits Incentive <i>No tardiness, not absences. Must submit paystubs for verification.</i>	30-day Date: Still employed: ☐ YES ☐ NO Perfect 30 day attendance: ☐ YES ☐ NO
6-month Good Work Habits Incentive <i>Must be employed at same employer. Responsibility of Participant to submit an Employment Verification form.</i>	6-month Date: Still employed: ☐ YES ☐ NO DATE VERIFIED:
1-year Good Work Habits Incentive <i>Must be employed at same employer. Responsibility of Participant to submit an Employment Verification form.</i>	1-year Date: Still employed: ☐ YES ☐ NO DATE VERIFIED:
SUPPORTIVE SERVICES	
Supportive service assistance may be used for needed attire and equipment required by employer.	
Form attached. ☐ YES ☐ NO	
DRIVER'S LICENSE REINSTATEMENT REIMBURSEMENT.	
☐ Driver's License Reinstatement Reimbursement. (Once-in-a-lifetime)	
Copy of Driver's License ☐ YES ☐ NO	Verified by: DATE VERIFIED:
Motor Vehicle Report? ☐ YES ☐ NO	Verified by: DATE VERIFIED:
Copy of Reinstatement Order Form or Purchase Receipt? ☐ YES ☐ NO	Verified by: DATE VERIFIED:
ASSESSED EMPLOYMENT BARRIERS	
Client Employment Barriers	Services to Address Barriers
☐ Skill Deficiency	
☐ High School Diploma or Equivalency	
☐ Lack of Qualifications for Desired Employment	
☐ Lack of Employment History	
☐ Physical Health	
☐ Mental Health	
☐ Needed to stay home to care for family members	
☐ Chemical Dependency	
☐ Criminal Record affecting Employment	
☐ Required Employment Verification (i.e. ID / Birth Certificate, Driver's License, SSN Card)	
☐ Resource Deficiency (i.e. childcare, transportation, personal hygiene)	
☐ Housing	
☐ Other	
AGREEMENT	
I _____ understand that I am responsible for maintaining and retaining employment and adequate attendance. I understand that I must immediately report to the DREAMS Developer of any changes or barriers that may arise. If I fail or self-terminate from the program, I understand that I will be placed on a probationary period of one (1) year until services can be re-established in the ISP. If I cause extreme dysfunctional abuse to the program services, program staff, or incite violence, I will be placed on a probation period of three (3) years. Client Signature _____ Date _____	
Reviewed by DREAMS Service Manager Signature/Date:	
Reviewed by DREAMS Director Signature/Date:	

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. ☐ Individual/sole proprietor or single-member LLC ☐ 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:

- 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 ►

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.