

*Department
of
Labor*



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

Staff Use ONLY

**DREAMS PROGRAM
TRAINING APPLICATION
DOCUMENTATION CHECKLIST**

This checklist helps each applicant determine if they are ready to submit their Training Application and Required Documents. Please ensure all documents are submitted to the DREAMS Office at **least 30 days before classes begin to avoid delaying your start until the next available term. 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+)
- ☐ Financial Needs Analysis Form (Signed by applicant and School)
- ☐ Survey of Needs Form
- ☐ W9 Form

Send to dreamsgroup@cheyenneandarapaho-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@cheyenneandapaho-nsn.gov but please **mail original copy** to:
DREAMS Program, P.O. Box 67, Concho, OK 73022.

Staff Use ONLY

Date Received _____
Time Received _____
Staff Initials _____

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			2 nd 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:
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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: _____

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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



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Anne Pedro, Director
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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: _____

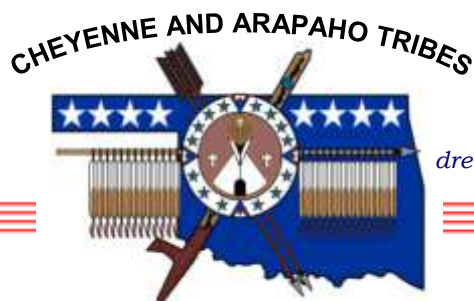
County of: _____

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

Notary Public Signature

My commission expires on: _____

Department of Labor



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FINANCIAL NEEDS ANALYSIS

The Financial Needs Analysis form is used by the DREAMS Program to assess eligibility, which is determined on a case-by-case basis and limited to the program's designated service area and funding.

This Financial Needs Analysis is for Academic Year ____/____ **Full-Time Students Only**

Part 1- To Be Completed By STUDENT

Student's Name _____ SS# _____ D.O.B _____ Age _____

Address _____ City _____ Zip _____ Phone _____

Male _____ Female _____ Marital Status: _____ Single _____ Married _____ Divorced _____ Dependents (not including student) _____

Tribe _____ Tribal Roll # _____ Blood Quantum/Degree _____

Type of School ☐ Vo-Tech ☐ Private ☐ BIA ☐ Other _____

Status: ☐ New Student ☐ Continuing ☐ Former ☐ Transfer(Where) _____

Program or field of study: _____

Length of program (months): _____ Number of Clock Hours _____ Begin Date _____ Complete Date _____

Applied for: Pell Grant _____ State Grant _____ BIA Grant _____ IHS Grant _____ Work Study _____ Other ☐

Comments/Remarks: _____

STATEMENT OF PRIVACY

The Cheyenne-Arapaho Tribes has a contract with the Bureau of Indian Affairs' Adult Vocational Training Program Assistance which operates under the authority for solicitation of information under 23 U.S.C 13(42Stat. 208) and P.L. 88-230 (77Stat. 471, U.S.C. 309). 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 needed of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should 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. Failure on the part of the applicant to provide the requested information will preclude to applicant from eligibility in obtaining higher education assistance under this program.

I have read the statement listed with this application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

STUDENT SIGNATURE _____

DATE _____

Part 2-To Be Completed By FINANCIAL AIDE OFFICER

SCHOOL EXPENSES		STUDENT RESOURCES		AWARDS	
TUITION	\$		\$	PELL	\$
FEES	\$	STUDENT CONTRIBUTION	\$	STATE	\$
BOOKS	\$	VETERAN'S BENEFITS	\$	BIA	\$
SUPPLIES	\$	SOCIAL SECURITY BENEFITS	\$	IHS	\$
TRANSPORTATION	\$	VOCATAIONAL REHABILITAION	\$	WORK STUDY	\$
PERSONAL EXPENSE	\$	TANF	\$		\$
OTHER (LIST)	\$	OTHER (LIST)	\$		\$
	\$		\$	TOTAL AWARDS	\$
TOTAL EXPENSES	\$	TOTAL RESOSURCES	\$	TOTAL FINANCIAL NEED \$	
\$	PER SEMESTER @	SEMESTER(S)	TOTAL EXPENSES:	\$	LESS TOAL AWARDS \$
\$	PER SEMESTER @	SEMESTER(S)	LESS TOTAL RESOURCES	\$	UNMET NEED \$

THIS STUDENT AID PACKAGE IS CONSISTENT IN TYPE AND AMOUNT WITH PACKAGES PREPARED FOR STUDENTS IN SIMILAR CIRCUMSTANCES

FINANCIAL AID OFFICER: _____ INSTITUTION: _____

DATE: _____ ADDRESS: _____

PHONE NUMBER: _____

Revised 1/24/2025



TRAINING FORM
SURVEY OF NEEDS

Supportive Services for Training

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 STUDENT/APPLICANT

The Survey of Needs assistance is a supportive service designed to assist clients with any needs related to completing their training after program eligibility is determined. As each applicant need is different, service will be approved on priority items that relate to training program.

FIRST NAME: _____ LAST NAME: _____

CDIB#: _____ SSN#: _____

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

TRAINING COURSE/CLASS: _____

ENROLLMENT STATUS: ☐ SHORT-TERM (Less 6 mos.) ☐ SELF-PACED **OR** ☐ LONG-TERM (6 mos. +)

START DATE: _____ ESTIMATE END DATE: _____ TOTAL COURSE HOURS: _____

Course/Class Schedule: ☐ SUN _____ ☐ MON _____ ☐ TUE _____ ☐ WED _____ ☐ THU _____ ☐ FRI _____ ☐ SAT _____

STUDENT NEEDS ASSESSMENT FOR TRAINING PROGRAM

ITEMS NEEDED FOR TRAINING	UNIFORM: ☐ Shirt ☐ Pants/Slacks ☐ Scrubs ☐ Overalls	FOOTWEAR: ☐ Dress shoes ☐ Nonskid shoes ☐ Steel toe shoes
	OTHER ITEMS ☐ Tools ☐ Equipment ☐ Safety Wear ☐ Prescription Glasses	

SCHOOL/INSTITUTE NAME: _____

SCHOOL ADDRESS: _____

SCHOOL CONTACT NAME: _____

SCHOOL CONTACT TITLE: _____ CONTACT NUMBER: _____

SCHOOL CONTACT EMAIL: _____

ACKNOWLEDGEMENT STATEMENT:

- I, _____, understand that:
- ✓ Survey of Needs assistance is intended to remove employment and training barriers, and all requested items must be directly related to my training program.
 - ✓ 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 be for employment or if long term training, must be with the same school/institute. If I receive steel-toe boot assistance, I am not eligible to reapply for two (2) years and must be for employment.
 - ✓ I authorize my school/training institute to release information necessary to verify my school status and service needs for the Cheyenne and Arapaho Tribes DREAMS Program.

Applicant Signature

Date

OFFICE USE ONLY

Date Verified: _____ Time Verified: _____ ☐ SHORT-TERM ☐ SELF PACED ☐ LONG-TERM
Verified by School Contact Name/Title: _____ Start Date: _____ Estimate End Date: _____
DREAMS Staff Signature: _____
☐ APPROVED / ☐ DENIED by _____ Date: _____
Fund: _____ Amount: _____ Service Manager / Director
Notes: _____



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

TRAINING ISP			
Client Name:		Client DOB:	
Case Manager:		Date:	
Currently Employed: ☐ YES ☐ NO If yes, ☐ Full-time ☐ Part-time ☐ Permanent ☐ Temp		C&A Tribal Member ☐ YES ☐ NO	
Service Area: ☐ YES ☐ NO			
SHORT-TERM GOAL			
Description of Starting goal. A starting goal to get you to your training goal.	Step 1		
	Step 2		
	Step 3		
LONG-TERM GOAL			
Description of Career goal. The job you aspire to throughout the course of your career.	Step 1		
	Step 2		
	Step 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			
TERM LENGTH OF TRAINING			
☐ Short Term: Training under 6 months (Maximum tuition assistance UP TO \$2,000) OR ☐ Long-Term: Training over 6 months (Maximum tuition assistance UP TO \$4,000) OR ☐ Long-Term: Training over 6 months -Classroom training stipend, if tuition and expenses are covered by other funds such as PELL. OR ☐ Outside Service Area: Maximum tuition assistance UP TO \$1,000			
Tuition assistance is based on the Financial Needs Assessment, the Individual Service Plan (ISP), and available funding as approved by the Director and outlined in an award letter. Tuition payments are made directly to the school, and any refunds will be returned to the DREAMS Program.			
COURSE REVIEW			
☐ Adult Vocational Training ☐ Occupational Skills Training ☐ Stackable Credentials Training			
COURSE TITLE/ACTIVITY/TRAINING/ETC.	TARGET DATE OF COMPLETION	DATE COMPLETED	
TUITION AMOUNT	UNMET NEED AMOUNT	LIST HOW THE REMAINING TUITION COSTS WILL BE PAID	

ASSESSED TRAINING 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 Resources	
☐ Mental Health Resources	
☐ Need to stay home to care for family members	
☐ Chemical Dependency Recovery Resources	
☐ 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	
☐ SUPPORTIVE SERVICES FOR TRAINING NEEDS	
<i>Supportive service assistance may be used for work experience or direct employment but not both.</i>	
AGREEMENT	
I _____ understand that I am responsible for maintaining and retaining certification in a timely manner. I understand that I must immediately report to the DREAMS Service Manager 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.