

GAINFUL EMPLOYMENT ASSISTANCE PROGRAM

The Kletsel Dehe Wintun Nation (“Nation”) Gainful Employment Assistance Program’s purpose is to provide financial assistance to tribal citizens to retain their current or secure pending full-time employment. Assistance payment shall not exceed \$1000.00 for the calendar year (Jan/Dec). This assistance is considered a general welfare benefit and satisfies the requirements listed under the Nation’s Tribal General Welfare Exclusion Act. Therefore, assistance provided through this program to tribal citizens is not considered taxable income.

ELIGIBILITY FOR GAINFUL EMPLOYMENT ASSISTANCE PROGRAM:

1. Must be currently employed or prospectively employable.
2. Applicant must be in good standing with the Nation pursuant to the *Non-gaming Revenue Allocation Ordinance* of the Nation.

REQUIRED DOCUMENTATION:

1. Current Paystubs for the past Thirty (30) days. If you are self-employed, you can provide your tax form from the previous year. “If newly hired, please provide the first full months’ pay stubs, within 60 calendar days of assistance award to be included with your assistance file. **Failure to do so will make you ineligible for future assistance from this program and liable for repayment of any assistance provided back to the Nation.**
2. Quotes or receipts for your request. If the documentation is not attached, we will not be able to process your assistance.
3. Completed vendor form (3rd page of this application) with Name, Address and amount owed to each vendor. If you are requesting reimbursement, please put your information as the vendor.
4. Signed letter from supervisor stating the listed articles of clothing, uniform, or equipment or tools are necessary for maintaining full time employment with the company.

SCOPE OF ASSISTANCE:

-Work Clothing, Shoes/Boots, Uniforms, Equipment/tools needed for work yearly max amount \$1,000.00 (must turn in receipts)

GAINFUL EMPLOYMENT ASSISTANCE PROGRAM FORM

NAME: _____ DOB: _____ PHONE: _____

MAILING ADDRESS: _____

EMPLOYER:

EMPLOYER ADDRESS: _____

EMPLOYER PHONE *: _____

Please explain what you are requesting (Clothing/equipment etc.)

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Please state vendor information below (PERSON WHO THE PAYMENT IS ISSUED TO):

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

For office use only:

Approved _____ Denied _____

Tribal Staff Initial: _____ Date: _____