



**POKAGON BAND OF POTAWATOMI
MINORS PER CAPITA TRUST
SPECIAL DISTRIBUTION REQUEST FORM
CERTIFICATION OF USE AND NEED**



PROVIDENCE FIRST
TRUST COMPANY

1. GENERAL INFORMATION

Minor Name: _____ Enrollment # _____

Parent/Guardian Name: _____ Phone number: _____

Address: _____ Email: _____
(must match address on file with Band) Street City State Zip

2. CERTIFICATION OF USE & NEED

The approved purposes for which trust funds can be used for your child are listed below. Please indicate the amount and purpose of the requested trust funds. Please attach any invoice or bill you have regarding the request. We will make distributions payable directly to the service provider or supplier when possible. When distributions are made directly to the parent/guardian, original receipts must be submitted to confirm trust funds were spent properly before future distributions are permitted from the trust. An envelope and instructions for sending in the receipts will be sent with each distribution.

Amount: **Category:** **Details:**
\$ _____ **Health** List health needs of child: _____

The trust can cover health expenses after insurance and other programs and can include: dental, vision, counseling, braces, etc., but does NOT cover purely cosmetic procedures.

\$ _____ **Education** List education needs of the child: _____

The trust can cover (1) College/trade school expenses: tuition, books, tutoring; (2) tuition for private school: pre-school through 12th grade up to \$10,000, (3) tutoring; (4) up to \$599 annually for educational supplies; (5) up to \$5,000 annually towards lessons for talents such as music or sports; school-related camps; (6) computer/tablet: including warranty, printer, ink, repairs, educational software with a limit of \$500 for ages 6-9, \$1,500 for ages 10-17, and \$3,000 for ages 18 and above; the computer distribution is available every 3 years. The trust does NOT cover: day care, trips/vacations, or computer parts/software for entertainment.

\$ _____ **Welfare** List welfare needs of child: _____

The trust can cover: (1) up to \$1,000 annually for clothing; (2) vehicle: one-time only distribution only for those with a high school diploma or equivalent and attending college or working at least part-time and in an amount of the lesser of 1/2 of the trust value or \$20,000; (3) house purchase: one-time only distribution only for those with a high school diploma or equivalent in an amount up to 1/2 of the trust value; (4) rent: only for those over 18 named on the lease and only one month, unless enrolled full time in college/trade school with a limit of \$750 per month. The trust does NOT cover car insurance or registration, utilities or other living expenses.

3. LACK OF OTHER RESOURCES OR FUNDS

Before you receive a trust distribution, you must first use other resource and contact the Band's social programs.

- 1) Funds of the Parent: Budget – Income/Expenses
 - Estimated monthly household income: \$ _____/month OR \$ _____/year
(job, investments, child support, per capita)
 - Estimated monthly household expenses: \$ _____/month OR \$ _____/year
(mortgage, utilities, vehicles, groceries, clothing, education, medical, child care, taxes, leisure, insurance, etc.)

How many people does such income support? _____

2) Insurance/Scholarships

Is there any available health insurance or scholarship for your request? _____

3) Social Programs

A. Is there any federal, state or local government assistance available for your request? _____

B. Is there any tribal program/assistance available for your request? _____

Which department did you contact and what was the result?

_____ Department of Health (1-888-440-1234 or 269-782-4141)

_____ Department of Education (1-800-517-0777 or 269-782-8998)

_____ Department of Housing (1-800-517-0777 or 269-782-8998)

_____ Department of Social Services (1-800-517-0777 or 269-782-8998)

Result: _____

Attach documentation regarding any denied assistance from insurance or government programs/departments.

4. TAX WITHHOLDING

REQUIRED Federal Taxes: Please understand that all distributions from your Trust are subject to federal income taxes under the Indian Gaming Regulatory Act (IGRA), and will be reported as income to the IRS and to you on Form 1099. By default, taxes will be withheld at the Indian gaming revenue distribution rates (pursuant to IRS Publication 15-T), however, you may elect to have additional taxes withheld if you have other income. Such withholding will be forwarded to the IRS on your behalf and reported to you on Form 1099.

- Minimum (default – as described above)
- 15%
- 20%
- 25%
- Other: _____

SIGNATURE & AFFIRMATION

By signing this application, I hereby affirm that: (1) all prior Trust payments have been properly used; (2) no other resources are available for this requested need, including my income as parent/guardian, any reimbursement, insurance, scholarship, or any government or tribal program; (3) that all information I have provided herein is accurate and complete; (4) that I will use this payment solely for the use listed above.

I hereby consent to all information herein being shared with the Pokagon Band of Potawatomi tribal government and their agents, and consent for government and personal information and records relevant to this request being shared with Providence First Trust Company from any tribal government entity, federal or state government entity, or their agents.

Signature: _____

Date: _____

When completed, submit form to Providence First Trust Company through one of the following methods:

Mail: 8840 E. Chaparral Rd., Suite 250, Scottsdale AZ, 85250

Fax: 602-952-0018

Email: pokagon@providencefirst.com

For questions, call 602-952-2300 or toll-free at 1-855-POK-AGON (1-855-765-2466)