# Stipend Request Form Sample Language

Thank you for your work on the \_\_\_\_\_\_ Workgroup

The \_\_\_\_\_ Workgroup as created to provide guidance and recommendations on \_\_\_\_\_.

We recognize this work should be financially compensated, and as such, we are able to offer

financial stipends to members who meet the following criteria:

1. Have lived experience with homelessness, behavioral health, and/or currently or previously
2. lived in Permanent Supportive Housing, OR
3. Identify as low income AND are not otherwise receiving payment for attendance AND
4. Are willing and able to fill out a W-9 form

Because this compensation will be considered taxable income, we ask that you consider in

advance whether or not a change in your income for the year 2023 could impact benefits

such as food assistance, housing assistance, or have any other impacts on your finances. If

you are not sure whether this compensation might impact your benefits, or if you have any

questions at all, please email \_\_\_\_\_\_\_\_\_\_.

Support is available for people who need assistance filling out the form or translation services.

For more information, you may also review the full Community Compensation Guidelines

from the Washington State Office of Equity

here: https://equity.wa.gov/resources/community-compensation-guidelines

1. Full Name (First, Middle, Last)
2. Email Address
3. Phone Number
4. Mailing Address (if you do not have a mailing address, you may leave this section blank)
5. Do you have lived experience with the subject matter of \_\_\_\_\_\_\_? Some examples of lived experience are \_\_\_\_\_\_\_.
	* Yes, I have lived experience of at least one of these.
	* No, I have not personally experienced any of these.
6. Do you qualify as low income? Please use this chart to determine if you are low-income.
	* Yes, I qualify as low-income
	* No, I do not qualify as low-income
7. Do you consent to fill out a W-9 form and to cooperate with all state and federal tax requirements for reporting this income?
	* Yes, I consent
	* No, I do not wish to file