

TUOLUMNE ME-WUK TRIBAL TANF



Section 1 – Part 1. Primary Individual (PI)

Name _____ Telephone Number _____

Tribal Affiliation _____

Mailing Address: _____ City _____ State _____ Zip _____

_____ County _____

Physical/Finding Address:

Section 1 – Part 2. How can we help you, what are you applying for?

Section 1-Part 3. Persons in Household

First/MI/Last Name	Social Security #	Relationship	Date of Birth	Age	Sex F/M	Marital Status	Veteran Y/N	Disabled Y/N	Last Grade Completed	Race	Tribal Enrollment or Alien #

Other Members in Household **NOT** applying for Services

Section2. Student Status

Please list each student and the name of the school they are attending. If you have a school aged child not attending, indicate “Not in School”.

Name of Student 1	Name of Student 2	Name of Student 3	Name of student 4	Name of Student 5
Name of School	Name of School	Name of School	Name of School	Name of School

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Section 3-Part 1. Earned Income

Please indicate anyone (including children under the age of 18) who are currently working, or has worked in the past six months, or receives money to care for another person or is self-employed. Please provide proof.

Name	Employer's Name/Address	Gross Earnings	Employee Start Date	Employee End Date

Section 3 - Part 2. Un-Earned Income

Please list any/all unearned income the household is currently receiving, expected to receive or applying for money from any source, such as;

- Unemployment Benefits Welfare Insurance Settlements Worker's Compensation
 Financial Aid Veteran's Benefit's
 Retirement Accounts Dividends/Interest Social Security/SSI Child Support/Alimony
 Food Stamps Other

Applied for or Receiving?	Name of person Receiving	Source of Money	Paid How Often?	Amount of Each Payment	Claim Number

Section 4. Assets/Resources

Please list any/all owned or co-owned vehicles or items of value such as;

- Cars Trucks Motorcycles Boats Trailers Farm Equipment
 Recreational Vehicles (RV'S) Other

Item (Car,RV,etc)	Year/Make/Model	In who's Name?	Estimated Value\$	Amount Owed\$	Difference\$	Monthly Payments

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Please list any/all real estate, land or buildings the current household owns or is buying. Indicate "None" if applicable.

Name of buyer/owner	Describe Property/Address/Co-owners	Value of Property	Do you live there Y/N	Income Producing Y/N

Section 5. Expenses

This information is needed to fully evaluate your need for assistance. Please list any/all household expenses that you or someone else may pay for you, on a monthly basis. If it is other than monthly, please indicate that also. Expenses could be but are not limited to:

- Rent/House Payment
 Utilities: Gas
 Utilities: Phone
 Cable TV Payment
 Food
 Car/Truck Payment
 Furn. /Appliance Rent or Payment
 Credit Card Payment(s)
 Insurance Premiums
 Child Support
 Other

Type of Household Expense	Do you Pay: Y/N	If no, please indicate person or organization who pays this for you	Payment Amount	Due every month? Y/N	Amount	If this item is delinquent, indicate by how much

Other Expenses: _____

How much money has your household received this month? _____

How much money does your household expect to receive this month?

How much money do you have in checking/savings accounts?

Do you presently stay in a shelter, half-way house, or temporarily in another person's home? Y/N _____

Are you a migrant farm worker? Y/N _____

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Additional Comments:

Empty rectangular box for additional comments.

**TUOLUMNE ME-WUK TRIBAL TANF
CERTIFICATION**

I understand the questions on this form.

I understand that any facts I have given on this form, including benefit and income facts are subject to; verification and reviews by tribal Personnel, and I have given false, incorrect or wrong facts, my Case Assistance may be denied or discontinued.

I understand the penalties, including the specific disqualification penalties for giving wrong or incomplete facts, or failing to report facts and situations which may affect my eligibility or benefits for Cash Assistance.

I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully.

I understand that the Tribal TANF Program is a temporary assistance program, with a lifetime of 60 months.

I understand as a condition of receiving assistance all adults are required to participate in a work participation program.

I understand as a condition of receiving assistance all adults are required to complete substance abuse testing, if a positive test is noted they will be required to participate in further actions outlined by their Case Counselor/Employment Coordinator. Tribal TANF assistance to the family will continue through a voucher system or benefits will be denied, reduced or terminated until my compliance is met.

I understand I have a right to have the application read to me in my language or English if I prefer.

I understand I have the right to full and complete confidentiality for any and all information pertaining to my application or verification.

I understand that I have the right to appeal if dissatisfied of any adverse action, sanction or denial of benefits affecting my application, or ongoing TANF case.

I understand that my family may not receive duplicative assistance from any other State or Tribal TANF program.

Client Certification: My signature below indicates that I have been informed and understand the information contained in this application. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any information is ground for termination from the Tuolumne Me-Wuk Tribal TANF Program and may result in recovery of any monies paid to me while in the program and possible denial of Tribal TANF assistance.

Signature of Applicant

Date

Signature of Spouse/Co-Habitant

Date

Signature of Case Counselor

Date

Signature of Witness
(If signed with "X")

Date