# Tuolumne Me-Wuk Tribal TANF

	MONTHLY ELIGIBILITY	' AND CHANGE REP	ORT	
Temponary Assitance for Needly in the state of the state	REPORTING MONTIFE Family Advocate: _			
Please complete and return this form to th 201 . Unless you have been desigi Calendar at the same time. Failure to comp	nated as disregarded / exempt from V	Vork Participation activities	e your next check, to be re , you must also turn in you	
NAME:			TELEPHONE #	
MAILING ADDRESS :	CITY:		STATE:	ZIP:
IF THIS IS A NEW ADDRESS: PLEASE PROVIC	DE A NEW RESIDENCY AND UTILITY VE	ERICATION FORM		

### STEP 1. UPDATING PERSONAL EVENTS:

Y/N

HAS ANY OF THE BELOW ITEMS CHANGED FOR THIS MONTH? PLEASE ATTACH VERIFICATION OF CHANGE. MARRIED, DIVORCED, SEPARATED, DECEASED, PREGNANT, BIRTH OF CHILD, ADULT MOVES IN OR OUT, CHILD MOVES IN OR OUT, NEW ROOM MATE (S), INCARCERATED, GRADUATION /GED HS / AA / BA, DOMESTIC VIOLENCE, EMPLOYMENT BEGAN OR ENDED, CHILD TURNED 18, CHILD OUT OF SCHOOL.

PERSONAL EVENT:	HOUSEHOLD MEMBER:	DATE OF CHANGE:	EXPLANATION:

## STEP 2. RESOURCES

Y/N HAS ANY OF THE BELOW ITEMS CHANGED FOR THIS MONTH? IF YES, LIST RESOURCE AND PROVIDE APPROPRIATE INFORMATION. SUBSIDIZED HOU SUBSIDIZED CHILD CARE, EMPLOYMENT / JOB RESOURCES, PUBLIC HOUSING, OWN HOME / TRAILER, LO W RENT, OTHER.

TEP 3. CASH ON HAND  VIN. DID YOU OR ANY MEMBER OF YOUR TAN' HOUSEHOLD HAVE ANY CASH RESOURCE CHANGES FOR THE MONTH? IF YES, PROVIDE APPROPRIATE INTORNATION. CHECKING ACCT. AMT. S. SAVINGS ACCT. AMT S. CASH ON HAND AMT.S. PROVIDE STEP 4. REPORTING "UNEARNED" INCOME  VIN.  DID ANYONE IN YOUR TAN'F HOUSEHOLD RECEIVE UNEARNED INCOME FOR THE MONTH? IF YES, LIST THE GROSS (BEFORE TAXES) AMOUNT AND ATTACH PROOF. CHILD SUPPORT, SPOUSAL SUPPORT, UNEMFLOYMENT, SOCIAL SECURITY, DISABILITY, PER CAPITAL, BACK GOVERNMENT BENEFITS, INSURANCE/LEGAL SETTLEMENTS, CASINO/LOTTERY EARNING WINNINGS, CASH GIFTS, ITIBAL GIFTS, REVITAL INCOME, LUMP SUMS, WORKMAN'S COMMODITIES, WIC, MEDICAL/MEDICAL ASSISTANCE, OTHER.  INCOME TYPE  WHO RECEIVED  DATE OF CHANGE  EXPLANATION:  STEP 5. REPORTING "EARNED" INCOME:  WHO RECEIVED  DATE OF CHANGE  EXPLANATION:  STEP 5. REPORTING "EARNED" INCOME:  WHO RECEIVED DATE RECEIVED. ATTACH ALL PAY STUBS OR PROOF OF EARNINGS.  PERSON RECEIVING INCOME  POSITION/ TITLE  DUTIES  EMPLOYER'S NAME/PHONE#  DATE BEGIN/ENDING  WEEK 1  WEEK 2  WEEK 3  WEEK 4  WEEK 5  HOURS AMOUNT REC		RESOURCE		WHO RECEIVED?			DATE CHANGE		ìΕ	EXPLAI		NATION:			
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## **CERTIFICATION**

I MUST CONTACT MY CASE COUNSELOR WITHIN 10 DAYS OF ANY CHANGES ON MY HOUSEHOLD THAT WILL AFFECT MY GRANT.

FACTS I REPORT MAY RESULT IN AN INCREASE, DECREASE OR TERMINATION OF ASSISTANCE. IF I KNOWINGLY GIVE FALSE INFORMATION OR DO NOT REPORT CHANGES IN ORDER TO CONTINUE RECEIVING ASSISTANCE OF BENEFITS, MY ASSISTANCE WILL BE TERMINATED.

PAYMENTS WILL BE DELAYED OR TERMINATED BECAUSE OF AN INCOMPLETE OR LATE MONTHLY ELIGIBILITY REPORT.

i certify under penalty of perjury all the above information is true and complete. I understand that faisification of any information is grounds for termination from the
Tribal TANF Program. The penalty will include financial recovery of any assistance provided to me while in the Tribal TANF Program, and possible lifetime denial of
assistance. All adults and teen parents in your TANF household must sign below.

Signature of Applicant	Date	Signature of Spouse	Date	Signature of Adult/Teen Parents	Date