NATIVE VILLAGE OF EYAK

APPLICATION FOR WELFARE ASSISTANCE

*\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\*\**

Name: SS#:

Maiden Name or

**Other Names Used: Date of Birth: / /**

**Mailing Address:**

P.O. Box or Street Address City State Zip

**Physical Address:**

Street Address City State Zip

**Home Phone#: Message Phone#: Work Phone#:**

**Marital Status:** **Single** **Married** **Separated** **Divorced** **Widowed**

|  |
| --- |
| **List ALL MEMBERS of the Household. Enter an asterisk (\*) in the box at left of the name for each person NOT INCLUDED in General Assistance application budget.** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*** | **NAME** | **RELATION TO HEAD** | **DATE OF BIRTH** | SEX | **SOCIAL SECURITY #** | **TRIBE ENROLL #** | **MONTHLY INCOME** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEMBERS OF HOUSEHOLD WITH PHYSICAL OR MENTAL HANDICAP | | | | |
| **NAME** | **NATURE OF PROBLEM** | TEMPORARY or PERMANENT | **MINOR or MAJOR** | VERIFIED |
|  |  |  |  |  |
|  |  |  |  |  |

## How many persons live in the house: \_\_\_\_\_\_\_ Adults \_\_\_\_\_\_\_Children

**Type of Service Applying for:** **General Assistance** **Emergency \*for home burnout, flooding, etc.**

**NOT for eviction/shutoff notices, medical travel, funeral travel, etc. per 25 CFR Part 20 §20.329.**

**Where do you live now?** **Own Home** **Rent House/Apartment** **Rent Room** **With Relatives**

**With Friend(s)** **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you or any member of your household a shareholder in a Native Corporation? Yes No**

**If yes, list the name of household member and Corporation(s) here: (use backside of form if necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| MEMBERS OF HOUSEHOLD WHO OWN SHARES IN A NATIVE CORPORATION | | | |
| **NAME** | **NATIVE CORPORATION** | # SHARES OWNED | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

**Have you received ATAP or TANF in the last month:** **Yes** **No If yes, how much: $\_\_\_\_\_\_\_\_\_\_\_**

**Has your ATAP/TANF been reduced due to penalties:** **Yes** **No Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you been terminated from ATAP/TANF:** **Yes** **No Date of termination:\_\_\_/\_\_\_/\_\_\_**

**Have you been determined ineligible for ATAP/TANF:** **Yes** **No Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you been denied ATAP/TANF:** **Yes** **No Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you eligible to reapply for ATAP/TANF:** **Yes** **No Date able to reapply:\_\_\_/\_\_\_/\_\_\_**

## What TANF office did you receive assistance from: Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPLAIN *FULLY*, how you have supported yourself during the past three (3) months *and* what has changed in your situation to cause you to apply for assistance. Failure to complete this section will render this application incomplete & therefore will not be processed.

### RECORD OF INCOME AND RESOURCES

**Does anyone in your household have income from any source?** **Yes** **No**

**If yes, list the name of household member(s), source of income and amounts below.**

***\*\*\*YOU ARE REQUIRED TO REPORT INCOME RECEIVED FROM THE FOLLOWING\*\*\****

|  |  |  |
| --- | --- | --- |
| **SOURCE OF INCOME & RESOURCES** | AMOUNT | **NAME OF HOUSEHOLD MEMBER** |
| **Salary #1: Applicant’s Income/Salary** | **$** |  |
| **Salary #2: Spouse’s Income/Salary** | **$** |  |
| **Tips or Gratuities** | **$** |  |
| **ATAP –TANF-ASAP (State assistance)** | **$** |  |
| **Child Support and Alimony** | **$** |  |
| **Foster Care Payments** | **$** |  |
| **Adult Public Assistance (APA)** | **$** |  |
| **Social Security (SSA)** | **$** |  |
| **Supplemental Security Income (SSI)** | **$** |  |
| **Disability Insurance** | **$** |  |
| **Alaska State Permanent Fund (PFD)** | **$** |  |
| **Cashouts of Retirement or Pension Plans** | **$** |  |
| **State Longevity** | **$** |  |
| **Veteran’s Benefit** | **$** |  |
| **Unemployment Insurance Benefits** | **$** |  |
| **Worker’s Compensation** | **$** |  |
| **Food Stamps** | **$** |  |
| **Medicare/Medicaid** | **$** |  |
| **Native Corporation Dividends** | **$** |  |
| **Checking Account** | **$** |  |
| **Savings Account** | **$** |  |
| **Student Loans/Grants/Scholarships** | **$** |  |
| **Bingo or Pull Tab Winnings** | **$** |  |
| **Other Income** | **$** |  |
| **TOTAL MONTHLY INCOME** | **$** |  |

## MONTHLY SHELTER COSTS

#### \*\*\*PROVIDE ALL EXPENSES FOR THE CURRENT MONTH\*\*\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Rent** | **$** | **Telephone** | **$** |
| **Space Rent** | **$** | **Water** | **$** |
| **Mortgage Payment** | **$** | **Sewer** | **$** |
| **Electricity** | **$** | **Household Oil/Fuel/Wood** | **$** |
| **Heating** | **$** | **Other** | **$** |

##### READ BEFORE SIGNING

**I/We apply for financial assistance/ services for the listed members of my (our) household who are in need.**

**I/We have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud.**

**❑ Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. §1001, the Federal Law concerning fraud which carries a fine of not more than $10,000 or imprisonment of not more than five years or both. Initials of applicant\_\_\_\_\_\_\_\_\_\_\_\_**

**❑ I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Release of Information: Human Services is authorized to obtain/exchange information necessary to establish eligibility for assistance. I (We) have read, or had explained to me/us, the provision of our protection under the Paperwork Reduction Act and the Privacy Act. Initials of applicant\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### Applicant Signature Signature of Other Adult Household Member

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### Printed Name Printed Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Date

**\*\*\*\*\*\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*\*\*\*\*\***

**Date Application Received: Application Received By:**

**DECISION OF APPLICATION:**  **Approved**  **Denied Date: / /**

(Review Dates: / / / / / / )

1-Month Review 3-Month Review 6-month Review

**COMMENTS/NOTES:**

**Caseworker Signature: Date: / /**