



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	\$	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	

**MONTHLY SHELTER COSTS**  
**\*\*\*PROVIDE ALL EXPENSES FOR THE CURRENT MONTH\*\*\***

<b>Rent</b>	\$	<b>Telephone</b>	\$
<b>Space Rent</b>	\$	<b>Water</b>	\$
<b>Mortgage Payment</b>	\$	<b>Sewer</b>	\$
<b>Electricity</b>	\$	<b>Household Oil/Fuel/Wood</b>	\$
<b>Heating</b>	\$	<b>Other</b>	\$

**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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_