

# Tribal TANF Non-Recurring Short Term Benefit Application



## *Mission Statement*

We are a dedicated American Indian organization operating under a consortium of Sovereign Nations. OVCDC is providing the opportunity for improvement in the quality of life by focusing on education and self-sufficiency while protecting, preserving, and promoting our cultures in the spirit of positive nation building for Native people of today and tomorrow.



**OWENS VALLEY CAREER DEVELOPMENT CENTER**  
**Tribal TANF Program**  
**Non-Recurring Short Term Benefits**

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For fast service, please make sure that all sections and forms of your Tribal TANF Non-Recurring Short Term Benefit Application are complete. Do not sign any of the signature areas until you meet with an OV CDC assigned staff to review your application.

### **Application and Forms**

- \_\_\_\_\_ TANF-100-Application Cover w/Mission Statement- ( page i)
- \_\_\_\_\_ TANF-100a-Application Intake Check list-(page ii)
- \_\_\_\_\_ TANF Application-(pages.1-5)

### **Vitals and Verifications**

- \_\_\_\_\_ Valid Picture I.D. for all adults applying (i.e., driver's license, state, Tribal ID, passport or resident alien card)
- \_\_\_\_\_ Tribal verification for at least one household member requesting assistance
- \_\_\_\_\_ Birth Certificates for all in household applying for assistance, including Caretaker Relatives (CTR)
- \_\_\_\_\_ Social Security cards for all in household applying for assistance, including Caretaker Relatives (CTR)
- \_\_\_\_\_ Guardianship or custody papers/letter from parent for non-parent caregivers as applicable
- \_\_\_\_\_ Proof of earned income (paycheck stub, employer statements, award letters, etc.) as applicable
- \_\_\_\_\_ Proof of unearned income (SSI, SSD, VA, Child Support, Unemployment Benefits, etc. must be verified by receipts for award letters. Information you provide will be verified with applicable agencies)

Your In-take appointment is scheduled on \_\_\_\_\_ at \_\_\_\_\_ with

\_\_\_\_\_, Case Counselor/OV CDC assigned staff. Be sure to bring all necessary documents noted above.

# Owens Valley Career Development Center

## TRIBAL TANF PROGRAM

**Section 1-Part1. Primary Individual (PI)**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Physical/Finding Address: \_\_\_\_\_

**Section 1-Part 2.**

Have you ever received TANF benefits from a state, county or Tribal TANF program? Yes /No. If, yes explain: \_\_\_\_\_

**Section 1-Part 3. Persons in Household, including yourself, spouse or significant other:**

CIF#	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	Enrollment or Alien #
			<b>Self</b>									

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 1 <sup>st</sup> Student	Name of 2 <sup>nd</sup> Student	Name of 3 <sup>rd</sup> Student	Name of 4 <sup>th</sup> student	Name of 5 <sup>th</sup> Student
Name of School	Name of School	Name of School	Name of School	Name of School

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## TRIBAL TANF PROGRAM

### 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-Part2. Unearned 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 \* Social Security/SSI

\* Retirement Accounts \* Per Capita/gaming \* Child Support/Alimony \*Food Stamps

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, Recreational vehicles, etc..

Item	Year/Make/Model	In whose Name?	Estimated Value \$	Amount Owed \$	Difference \$	Monthly Payments

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

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

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## TRIBAL TANF PROGRAM

### 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: Phone/cell phone payment \* Cable TV Payment \* food\* vehicle payment \* rental payment
- \* Credit Card Payment(s) \* Insurance Premiums \* Child Support \*

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	If this item is delinquent, indicate by how much

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? \_\_\_\_\_

Where are you currently staying? \_\_\_\_\_

Are you currently homeless? Y/N \_\_\_\_\_ (Note; you are not considered homeless if you live with someone)

# Owens Valley Career Development Center

TRIBAL TANF PROGRAM

## 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; if I have given false, incorrect or wrong facts, my Cash 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.
- I understand that my application may be selected for additional review to ensure that my eligibility was correctly figured and I must cooperate fully.
- I understand I have the right to full and complete confidentiality for all information pertaining to my application or verification.
- I understand that I have the right to appeal if dissatisfied of denial of benefits affecting my application.

*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 denial from receiving benefits.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Case Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness  
(If signed with "X")

\_\_\_\_\_  
Date

**OWENS VALLEY CAREER DEVELOPMENT CENTER  
Tribal TANF Program**

**RELEASE OF INFORMATION**

I hereby authorize the Owens Valley Career Development Center Tribal TANF Program to make any necessary investigation, to request and to verify information I have given regarding my eligibility for cash aid assistance. I authorize the release of any information, documents or forms to the OVCDC Tribal TANF Program necessary to determine my eligibility for assistance including: immunization records, time on aid, birth certificates, social security cards, tribal verification, ICWA, guardianship and or custody documents, income verification, school enrollment, and child support information.

I understand that OVCDC Tribal TANF Program has the right to deny the application of or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.

I hereby release the OVCDC Tribal TANF Program and its agents and employees from all liability, damages and claims which might result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

APPLICANT NAME (print): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CO-APPLICANT NAME (print) \_\_\_\_\_

CO-APPLICANT SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

DATE: \_\_\_\_\_

*This release expires 1 year from date listed above*