

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

With Friend(s)

Other: _____

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. Please include all other information you feel would help us better assist you.

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.

*****Applicant MUST provide verification of ALL income reported & received*****

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	\$	
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	\$	
Other Income	\$	
TOTAL MONTHLY INCOME	\$	

