

Quileute Tribal TANF Application

Non-Custodial Parent

TODAY'S DATE: _____

Applicant Information

Applicant Name (First, Middle, Last)	DOB (<i>copy</i> ___)	Tribal Enrollment (<i>copy</i> _)	Driver's License (<i>copy</i> _)
Ethnicity	Gender	Social Security Number (<i>copy</i> _____)	
Physical Address (<i>Landlord Statement</i> ____)	City	Zip	Telephone #
Mailing Address	City	Zip	Message Telephone
How are you related to the children in ICW/CPS care? <input type="checkbox"/> Mother <input type="checkbox"/> Father	Are you a U.S. Citizen? ___Yes ___No		
EDUCATION LEVEL COMPLETED: (<i>copies of diploma, certificate or transcripts needed</i>) <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Technical/Vocational school <input type="checkbox"/> Other _____			

Co-Applicant Information

Co-Applicant Name (First, Middle, Last)	DOB (<i>copy</i> ___)	Tribal Enrollment (<i>copy</i> _)	Driver's License (<i>copy</i> _)
Ethnicity	Gender	Social Security Number (<i>copy</i> _____)	
How are you related to the children in ICW/CPS care? <input type="checkbox"/> Mother <input type="checkbox"/> Father	Are you a U.S. Citizen? ___Yes ___No		
EDUCATION LEVEL COMPLETED: (<i>copies of diploma, certificate or transcripts needed</i>) <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Technical/Vocational school <input type="checkbox"/> Other _____			
<input type="checkbox"/> <i>Relatives other than immediate family in the household (grandparents, aunts, uncles) (Attach adult pages if necessary)</i>			

Income Information

Please check the types of assistance/income you or any member of your household are receiving. Include a monthly amount next to each (if applicable) *(Copies of paystubs, coupons, etc for the past three months are needed for the file)*

___ Employment \$ _____ ___ Unemployment \$ _____ ___ Social Security \$ _____ ___ SSI \$ _____ ___ VA/Military benefits \$ _____ ___ Retirement \$ _____	___ Food Stamps \$ _____ ___ Child Support \$ _____ ___ Per Capita \$ _____ ___ Retirement \$ _____ ___ Worker's Comp/L&I \$ _____ ___ _____(Other) \$ _____	___ Child Care Assistance ___ Housing Subsidy ___ LIHEAP ___ Commodities ___ Medical Assistance ___ _____(Other)
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Assets/Resources

Please list the year, make and model of all vehicles (boats, trailers, etc.) you own, lease or are making payments on.
(Statements needed if a loan/lease)

Make and Model of Vehicle	Year	Registration/Insurance <i>(copies for file)</i>	Approx. Value <i>(check Blue Book)</i>

Please list other types of resources you, or any member of your household may have, including cash, property, insurance, etc.
(Copy of bank statements, etc. can be brought for documentation of eligibility.)

Type of Resource	Whose is it?	Where	Amount
Checking account			
Savings/Credit Union account			
Other accounts: _____			
Per Capitas			
Property			
Life Insurance			
Stocks/bonds			
Trusts			
Other funds: _____			

Employment Information

Please list current employers, if applicable, for yourself and the co-applicant.
Also, list employers you and the co-applicant have had within the past three years.

Applicant

Employer Name/Address	Position	Dates	Wages

Co-Applicant

Employer Name/Address	Position	Dates	Wages

Applicant Signature

Date

Co-Applicant Signature

Date

Case Manager Signature

Date