

Owens Valley Career Development Center

Tribal TANF Program

MONTHLY ELIGIBILITY AND CHANGE REPORT

REPORTING MONTH: _____ 202__

FAMILY ADVOCATE: _____

Please complete and return this form to the Tribal TANF Office by the 10th of _____ 202__ to calculate your next check, to be received _____ 202__
 Unless you have been designated as disregarded/ exempt from Work Participation activities, you must also turn in your Employment/Training Calendar at the same time. Failure to comply will delay or terminate your grant.

NAME:		TELEPHONE #	
MAILING ADDRESS:	CITY:	STATE:	ZIP:

IF THIS IS A NEW ADDRESS: PLEASE PROVIDE A NEW RESIDENCY AND UTILITY VERIFICATION FORM

STEP 1. UPDATING PERSONAL EVENTS:

_____ **Y/N** HAS ANY OF THE BELOW ITEMS CHANGED FOR THIS MONTH? PLEASE ATTACH VERIFICATION OF CHANGE. MARRIED, DIVORCED, SEPARATED, DECEASED, PREGNANT, BIRTH OF CHILD, ADULT MOVES IN OR OUT, CHILD MOVES IN OR OUT, NEW ROOM MATE(S), INCARCERATED, GRADUATION/GED HS / AA / BA, DOMESTIC VIOLENCE, EMPLOYMENT BEGAN OR ENDED, CHILD TURNED 18, CHILD OUT OF SCHOOL.

PERSONAL EVENT:	HOUSEHOLD MEMBER:	DATE OF CHANGE:	EXPLANATION:

STEP 2. RESOURCES

_____ **Y/N** HAS ANY OF THE BELOW ITEMS CHANGED FOR THIS MONTH? IF YES, LIST RESOURCE AND PROVIDE APPROPRIATE INFORMATION. SUBSIDIZED HOUSING, SUBSIDIZED CHILD CARE, EMPLOYMENT / JOB RESOURCES, PUBLIC HOUSING, OWN HOME / TRAILER, LOW RENT, OTHER.

RESOURCE	WHO RECEIVED?	DATE CHANGE	EXPLANATION:

STEP 3. CASH ON HAND

_____ **Y/N** DID YOU OR ANY MEMBER OF YOUR TANF HOUSEHOLD HAVE ANY CASH RESOURCE CHANGES FOR THE MONTH? IF YES, PROVIDE APPROPRIATE INFORMATION. CHECKING ACCT. AMT. \$ _____ SAVINGS ACCT. AMT \$ _____ CASH ON HAND AMT. \$ _____

STEP 4. REPORTING "UNEARNED" INCOME

 Y/N

DID ANYONE IN YOUR TANF HOUSEHOLD RECEIVE UNEARNED INCOME FOR THE MONTH? IF YES, LIST THE GROSS (BEFORE TAXES) AMOUNT AND ATTACH PROOF. CHILD SUPPORT, SPOUSAL SUPPORT, UNEMPLOYMENT, SOCIAL SECURITY, DISABILITY, PER CAPITAL, BACK GOVERNMENT BENEFITS, INSURANCE/LEGAL SETTLEMENTS, CASINO/LOTTERY EARNING WINNINGS, CASH GIFTS, TRIBAL GIFTS, RENTAL INCOME, LUMP SUMS, WORKMAN'S COMP, STRIKE BENEFITS, LIFE INSURANCE, GRANTS/PELL, SCHOLARSHIPS, PROPERTY SALES, TAX RETURN EARNED INCOME TAX CREDIT, FOOD STAMPS, COMMODITIES, WIC, MEDICAL/MEDICAL ASSISTANCE, OTHER.

INCOME TYPE	WHO RECEIVED	DATE OF CHANGE	EXPLANATION:

STEP 5. REPORTING "EARNED" INCOME:

 Y/N

DID ANYONE IN YOUR TANF HOUSEHOLD EARN MONEY FROM EMPLOYMENT OR ON-THE-JOB TRAINING FOR THE MONTH? IF "YES," COMPLETE BELOW. LIST GROSS (BEFORE TAXES) AMOUNTS AND ACTUAL DATE RECEIVED. ATTACH ALL PAY STUBS OR PROOF OF EARNINGS.

PERSON RECEIVING INCOME	POSITION/ TITLE	DUTIES	EMPLOYER'S NAME/PHONE#	DATE BEGIN/ENDING

WEEK 1			WEEK 2			WEEK 3			WEEK 4			WEEK 5		
HOURS	AMOUNT	DATE REC	HOURS	AMOUNT	DATE REC	HOURS	AMOUNT	DATE REC	HOURS	AMOUNT	DATE REC	HOURS	AMOUNT	DATE REC

CERTIFICATION

I MUST CONTACT MY CASE COUNSELOR WITHIN 10 DAYS OF ANY CHANGES ON MY HOUSEHOLD THAT WILL AFFECT MY GRANT.

FACTS I REPORT MAY RESULT IN AN INCREASE, DECREASE OR TERMINATION OF ASSISTANCE. IF I KNOWINGLY GIVE FALSE INFORMATION OR DO NOT REPORT CHANGES IN ORDER TO CONTINUE RECEIVING ASSISTANCE OF BENEFITS, MY ASSISTANCE WILL BE TERMINATED.

PAYMENTS WILL BE DELAYED OR TERMINATED BECAUSE OF AN INCOMPLETE OR LATE MONTHLY ELIGIBILITY REPORT.

I certify under penalty or perjury all the above information is true and complete. I understand that falsification of any information is grounds for termination from the Tribal TANF Program. The penalty will include financial recovery of any assistance provided to me while in the Tribal TANF Program, and possible lifetime denial of assistance. All adults and teen parents in your TANF household must sign below.

Signature of Applicant Date

Signature of Spouse Date

Signature of Adult/Teen Parents Date