

**SAN CARLOS APACHE TRIBE**  
**Nnee Bich'o Nii**  
**Application**  
**for**  
**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

**What is this application for?**

Use this application to see if you and members of your household qualify for:

- Cash Assistance/Temporary Assistance for Needy Families (TANF)

**Who can use this application?**

An application may be completed by you or anyone you choose who knows or can get the information needed to complete the application for you and your household members. You can use this application to apply for anyone in your household.

Your household includes:

- Your spouse, if married
- Your minor children
- Your partner who lives with you if you have a child together
- People you claim on your income tax return even if they do not live with you
- Relatives in your care who are under the age of 19 and live with you and who meet program requirements

If you want to select a representative to complete your application, complete the Authorized Representative form on page 1 of the application.

**Where can I apply?**

You can pick up an application packet at either of the Nnee Bich'o Nii Offices:

Peridot Office  
99 Old Moonbase Rd.  
Peridot, AZ

Bylas Office  
Milepost 297 E Hwy 70  
Bylas, AZ

(928) 475-5011

(928) 475-5038

**What information do I need to complete this application?**

For everyone in your household, you may need:

- Birth dates
- Social Security cards
- Tribal enrollment verification
- Verification of relationship
- Employer and income information for everyone in your household
- Resources (e.g., bank account, cash, property)
- Expenses
- Other information needed to complete your application

Note: Your date of application will be determined up the receipt of a completed application and the submission of all required verification. This will hold your date of application but eligibility **cannot** be determined until you complete a full application and an interview.

**Why do we ask for so much information?**

We ask about income and other information to make sure you and members of your household get the correct benefits for your household.

**We will keep all information you provide private.**

**What happens next?**

Take your application and verification to your Nnee Bich'o Nii office. Remember, you are responsible to obtain the necessary verification.

**What if I need help?**

If you need help filling out this application, please tell us. If you need a language interpreter or accommodations for a disability, please check the kind of help you need on page 1 of the application.

**Program Information:**

The San Carlos Apache Tribe, Nnee Bich'o Nii Temporary Assistance for Needy Families (TANF) Program will no longer be relying on the Department of Economic Security to accept applications or to make TANF eligibility decisions for our program. This program change is exciting as this allows our program to be independent from the point of application, to eligibility, to ongoing case management. Everything regarding Nnee Bich'o Nii TANF cash assistance will be handled at the Nnee Bich'o Nii offices using Nnee Bich'o Nii staff.

## What is Cash Assistance?

Cash Assistance gives temporary cash benefits to low income families. Parents or relatives of dependent children who are in their care may be eligible.

## Do I need a Social Security number?

Federal law requires you give a Social Security number (SSN) for anyone who wants to get Cash Assistance and Social Security Act (SSA) of 1935 (Section 1137) as amended by P.L. 98-369).

- If you or anyone you are applying for does not have a Social Security number, we will refer you to the Social Security office to apply for one. Immigrants who are not legally able to get a Social Security number are not required to give one or apply for one. Any person you are applying for who is legally able to get a Social Security number but does not have one or does not apply for one will not be eligible for benefits.
- If you are not applying for benefits for yourself, you do not have to give us your Social Security number. However, it may reduce the total amount of Cash Assistance benefits for the person you are applying for because we will not include you in the benefit amount.
- We will not use your SSN as your TANF identification number.
- We will not give any Social Security numbers to the United States Citizenship and Immigration Services (USCIS).

We use your information, including Social Security number, to:

- Verify identity
- Verify citizenship and immigration status
- Verify income and resources
- Prevent duplicate benefits
- Computer match with state, local and federal agencies and our other programs to verify information
- Collect money we overpaid you in the form of benefits
- Share with other government agencies and their contractors to assess Cash Assistance program management and compliance
- We may give your information to law enforcement officials for the purpose of arresting persons fleeing to avoid the law

If we are not able to find proof of the information you have given us through the sources available to us, then you must provide proof of the information for us to decide if you are eligible.

Nnee Bich'o Nii will keep your information for at least 7 years.

## Do I need to Provide Information on my Citizenship status?

- To get the most help, you need to give us information about citizenship and immigration status for each person who is applying for help.
- Giving us the citizenship and immigration status for all people who are eligible for benefits allows us to include them in the Cash Assistance benefit amount. When you do not give us this information, it will not affect the eligibility of the people you are applying for who have given us verification of their citizenship or qualified non-citizen status, but it may affect the amount of the benefits for these people.
- You do not need to give us information about citizenship and immigration status for any person who is not applying.
- You do need to give us information on income, resources, or other information for those who have not given us citizenship or immigration status information to complete the application process.
- Under federal law, certain non-citizens such as refugees or political asylees may qualify for Cash Assistance. For those non-citizens, United States Citizenship and Immigration Services (USCIS) guidelines state that use of these benefits will not affect your ability to become a Lawful Permanent Resident.
- If you are not applying for any benefits or if you chose not to provide citizenship or immigration information, we will not try to find out this information from USCIS.
- We will not report you, a family, or a household member to U.S. Immigration and Customs Enforcement (ICE) unless you inform us that you, your family or a household member is in the U.S. illegally.

## Will I have to do an interview?

When applying for Cash Assistance you or your representative must complete an interview. If you need special accommodations for an interview, please tell us on page 1 of the application so we can be ready for your interview.

## How long does it take to find out if I am eligible for benefits after you receive my application?

For Cash Assistance, we will make a decision within **45** days from the date of application.

## How will I know if I am eligible?

- If you are approved for benefits, you will receive a letter explaining the benefits you are eligible for and the amount of benefits you will get.
- If you are denied, we will send you a letter explaining the reason for our decision.

## How can I get my benefits when my application is approved?

If you are approved for Cash Assistance you will get a letter. Your benefits will be issued through a check that you will pick-up at the local office.

## What is expected of me?

- You must provide Nnee Bich'o Nii the needed information to correctly determine your eligibility and authorize Nnee Bich'o Nii to investigate and contact any sources necessary to confirm the accuracy of the information for your eligibility.
- If you are approved for benefits, you will get a letter telling you what changes you must report. You **MUST** report your changes timely.
- If applying for Cash Assistance, you must take necessary steps to obtain any annuities, pensions, retirement and disability benefits to which you may be entitled, including, but not limited to, Social Security benefits, Railroad retirement, Veterans benefits and unemployment compensation.
- For Cash Assistance, you must give us any information you have about an absent parent. If you have reason for not providing this information (such as adoption pending, abuse, incest, neglect, etc.) you may claim good cause.
- For Cash Assistance, you must give us any information you have about an absent parent. If you have reason for not providing this information (such as adoption pending, abuse, incest, neglect, etc.) you may claim good cause.
- For Cash Assistance you must tell us and provide proof to receive deductions, for the following expenses: court ordered child support paid, child/adult dependent care expenses, medical expenses, rent or mortgage payments, utility or other shelter costs.
- Nnee Bich'o Nii will be requiring individuals to participate in random drug testing. Should you be selected, you will be required to immediately subject yourself to the testing procedure. Failure to participate in the testing procedure may result in a decrease or termination in benefits..

## What are my Rights?

- Courteous and professional treatment.
- Be treated fairly and equally regardless of race, color, religion, national origin, sex, age, disability, or political beliefs.
- Apply for benefits and be given a letter that tells you if you are eligible or not, and/or get a letter before your benefits are reduced or stopped.
- Review the Nnee Bich'o Nii policy manual that show the rules and regulations of the Cash Assistance Program if you want to know the reason for our decision.
- Talk about your case with a worker or supervisor.
- Have all information you give regarding your eligibility kept private according to law.
- Ask for a fair hearing if you disagree with your application being denied, your benefits ended, or are being reduced, or if a decision is not made on your application within the allowable number of days and the delay is due to the Nnee Bich'o Nii Program.
- Look at your file before a fair hearing.
- Bring an attorney or any other person to a fair hearing.

To file a discrimination complaint, contact:

U.S. Department of Health and Human Services Director, Office for Civil Rights  
Room 515-F  
200 Independence Avenue, S.W. Washington, DC 20201

1-202-619-0403 (voice)  
1-800-537-7697 (TTY)

## What are the Rules and Penalties?

If you, your representative, or any household member hides information or gives false information on purpose to get or continue to get Cash Assistance benefits that you are not entitled to, that person will be subject to:

- Criminal Prosecution
- Fines
- Imprisonment
- Other penalties provided for by laws

If you get Cash Assistance, you must follow the rules below:

- Do not make false statements or hide information. If you are not truthful, you may have to pay back Nnee Bich'o Nii for benefits you receive and you may be taken to court.
- Do not do anything dishonest to get benefits that you are not supposed to get.
- Do not steal Cash Assistance benefits.

If you knowingly break the rules and get Cash Assistance benefits, we will disqualify you from getting benefits for:

- 12 months for the first violation
- 24 months for the second violation
- Permanently for the third violation

You or a household member will not be eligible to get Cash Assistance benefits if you or the household member:

- Is a fleeing felon or probation/parole violator.
- Has committed and was convicted of a federal or state felony on or after August 23, 1996 for the possession, use or distribution of a controlled substance.
- Has been found by a court of law to have given false identification or residence information in order to get benefits in more than one case. This person is not eligible to get benefits for 10 years.
- Refuses to sign and comply with the Personal Responsibility Agreement (PRA). We give you the PRA during the interview process.
- Is an adult recipient (18 years or older) of Cash Assistance when any of the following apply:
  - The recipient fails to take a required drug test.
  - The recipient fails the drug test.

You must pay Nnee Bich'o Nii back for any Cash Assistance benefits you received for which your household was not eligible. You can make a repayment agreement. If you do not keep your repayment agreement, we may reduce your Cash Assistance benefits, or take other legal action, including taking the amounts from your earnings.

# Application for Benefits

## Contact Information:

Tell us how we can contact the "main contact" person in your household.

Name (First, Middle, Last): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Do you live in a shelter?  Yes  No If 'Yes,' what kind of shelter? \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ This number is:  Home  Cell  Work  Message  Other: \_\_\_\_\_  
 Other Phone Number: \_\_\_\_\_ This number is:  Home  Cell  Work  Message  Other: \_\_\_\_\_  
 What is the preferred SPOKEN household language?  English  Spanish  Other: \_\_\_\_\_  
 What is the preferred WRITTEN household language?  English  Spanish  Other: \_\_\_\_\_

I need the following help with this application (check all that apply):

Reading/understanding this application  Filling out this application  Ot  
 American Sign Language  Brai  La

I need the following accommodations for this application (check all that apply):

Hearin  Speaking  Seeing  Writing  Walkin  Other: \_\_\_\_\_

## Authorized Representative:

This section is OPTIONAL. You may authorize someone else to represent you in the application process.

Nnee Bich'o Nii will not release any information about your eligibility without your written consent.

Representative's Name: \_\_\_\_\_ Is representative your legal guardian?  Yes  No  
 Representative's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Representative's Phone Number: \_\_\_\_\_ This number is:  Home  Cell  Work  Message  Other: \_\_\_\_\_  
 Representative's Other Phone Number: \_\_\_\_\_ This number is:  Home  Cell  Work  Message  Other: \_\_\_\_\_  
 What is the representative's preferred SPOKEN  English  Spanish  Other: \_\_\_\_\_  
 What is the representative's preferred WRITTEN  English  Spanish  Other: \_\_\_\_\_

My representative would like to get information about this application by:

Email:  Yes  No Email address: \_\_\_\_\_

Text:  Yes  No Number to text (standard text rates apply): \_\_\_\_\_

If 'Yes' is not marked for Email or Text, all information for this application will be sent via U.S. Mail to the mailing address provided.

By signing below, I, the customer, give permission for the person listed above as my representative to act on my behalf in the process of qualifying me for help with Cash Assistance. I, therefore:

- Give permission for my representative to complete and sign my application.
- Give permission for my representative to provide any documents requested, including personal information.
- Give permission to my representative to sign on my behalf to permit other people, businesses, or agencies to give personal information about me to Nnee Bich'o Nii, including protected health information needed to determine if I am disabled.
- Agree to give information about my personal circumstances to my representative.

By signing below, I, the representative, agree to act on the customer's behalf. I also agree to:

- Provide only truthful and complete information under penalty of perjury.
- Fill in and sign needed forms.
- Obtain and give to Nnee Bich'o Nii all information needed to determine if the customer can qualify for help with Cash Assistance, such as the customer's Social Security number, income, assets, citizenship, residency, medical insurance, and information about the customer's spouse, minor children, and parents (if the customer is a minor child).
- Tell Nnee Bich'o Nii if the customer:
  - Has an increase or decrease in income;
  - Has an increase or decrease in assets;
  - Changes ownership of assets, including opening or closing financial accounts; or
  - Has a change in address.

If I am determined eligible, this authorization will stay in effect until I or my representative tells you to stop it. This authorization will expire when my application for assistance is withdrawn or denied, or when my eligibility ends. However, this authorization will continue during any time while I am contesting my eligibility in an administrative hearing or court proceeding.

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

Date: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Date: \_\_\_\_\_

## Release of Information to Organizations/Agencies:

You may give permission to Nnee Bich'o Nii to release information about your eligibility. Nnee Bich'o Nii will not share any information about you without your written permission. This section is OPTIONAL.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Someone Who Knows You Well:

We often need to contact people or organizations that can verify information to determine your eligibility for public assistance. When we contact these people or organizations we tell them your name, our title and that we work for the Nnee Bich'o Nii Program. We are prohibited by law from telling them anything about you or about your assistance case. Please provide contact information below.

Name of someone who knows you well: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Are you related to the Landlord?  Yes  No If yes, how? \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_

## Personal Information:

Tell us about each person in your household, starting with you. See page A for a definition of whom you must include. If you are a representative, tell us about who you are representing and others in the household.

Name Last, First M.I.  (Include Maiden, Alias, Suffix and other names)	Relationship to Main Contact (1.) (spouse, parent child/stepchild, grandchild, niece/nephew, legal guardian, other (please describe)		Marital Status (never married, married, divorced, or widowed)	Date of Birth	Social Security Number (If not applying, optional)	Sex (male or Female)	Voting District
	Main Contact	Age					
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

**Citizenship:** Complete ONLY for each person applying. If a person is not applying for benefits, skip this section for that person. For those applying, you may need to provide proof of citizenship.

Is the MAIN CONTACT a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If the MAIN CONTACT is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | Deportation   |

What immigration document does MAIN CONTACT have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has MAIN CONTACT lived in the U.S. since August 22, 1996?  Yes  No

Is PERSON 2 a U.S. citizen or U.S. national? See page D for more information.  Yes  No  Choose not to answer

If PERSON 2 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child and Parent | <input type="checkbox"/> Removal/Suspension of Deportation           |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                         |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)           |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                       |
| <input type="checkbox"/> Conditional Entrant Granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                  |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or          |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | Withholding Deportation  |

What immigration document does PERSON 2 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 2 lived in the U.S. since August 22, 1996?  Yes  No  
 Foreign Passport  None  Other: \_\_\_\_\_

Is PERSON 3 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 3 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | Deportation   |

What immigration document does PERSON 3 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 3 lived in the U.S. since August 22, 1996?  Yes  No  
 Foreign Passport  None  Other: \_\_\_\_\_

Is PERSON 4 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 4 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | Deportation   |

What immigration document does PERSON 4 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 4 lived in the U.S. since August 22, 1996?  Yes  No  
 Foreign Passport  None  Other: \_\_\_\_\_

Is PERSON 5 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 5 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | <input type="checkbox"/> Deportation                                    |

What immigration document does PERSON 5 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 5 lived in the U.S. since August 22, 1996?  
 Yes  No

Is PERSON 6 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 6 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | <input type="checkbox"/> Deportation                                    |

What immigration document does PERSON 6 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa  Foreign Passport  None  Other: \_\_\_\_\_  
Has PERSON 6 lived in the U.S. since August 22, 1996?  Yes  No

Is PERSON 7 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 7 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | <input type="checkbox"/> Deportation                                    |

What immigration document does PERSON 5 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 7 lived in the U.S. since August 22, 1996?  
 Yes  No

Is PERSON 8 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 8 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | <input type="checkbox"/> Deportation                                    |

What immigration document does PERSON 5 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 8 lived in the U.S. since August 22, 1996?  
 Yes  No



Is PERSON 9 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 9 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | <input type="checkbox"/> Deportation                                    |

What immigration document does PERSON 5 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 9 lived in the U.S. since August 22, 1996?  
 Yes  No

Is PERSON 10 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 10 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | <input type="checkbox"/> Deportation                                    |

What immigration document does PERSON 6 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 10 lived in the U.S. since August 22, 1996?  Yes  No  
 Foreign Passport  None  Other:

Is PERSON 11 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 11 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | <input type="checkbox"/> Deportation                                    |

What immigration document does PERSON 5 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 11 lived in the U.S. since August 22, 1996?  
 Yes  No

Is PERSON 12 a U.S. citizen or U.S. national?  Yes  No  Choose not to answer

If PERSON 12 is NOT a U.S. citizen, what is his/her immigration status?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lawful Permanent Resident (LPR)         | <input type="checkbox"/> Battered Spouse, Child or Parent  | <input type="checkbox"/> Removal/Suspension of Deportation              |
| <input type="checkbox"/> Lawful Temporary Resident               | <input type="checkbox"/> Cuban-Haitian Entrant             | <input type="checkbox"/> Registry Applicants                            |
| <input type="checkbox"/> Non-Immigrant Status                    | <input type="checkbox"/> Deferred Action Status            | <input type="checkbox"/> Special Immigrant Juvenile Status Applicant    |
| <input type="checkbox"/> Asylee                                  | <input type="checkbox"/> Deferred Enforced Departure       | <input type="checkbox"/> Temporary Protection Status (TPS)              |
| <input type="checkbox"/> Refugee                                 | <input type="checkbox"/> Legalization under LIFE Act       | <input type="checkbox"/> Victim of Trafficking                          |
| <input type="checkbox"/> Conditional Entrant granted before 1980 | <input type="checkbox"/> Legalization under IRCA Applicant | <input type="checkbox"/> Withholding of Deportation                     |
| <input type="checkbox"/> Other                                   | <input type="checkbox"/> Order of Supervision              | <input type="checkbox"/> Applicant for Asylum, LPR, TPS, or Withholding |
| <input type="checkbox"/> I do not want to provide                | <input type="checkbox"/> Paroled into United States        | <input type="checkbox"/> Deportation                                    |

What immigration document does PERSON 5 have? Immigration Document Number: \_\_\_\_\_  
 Permanent Resident card  I-94  Visa Has PERSON 12 lived in the U.S. since August 22, 1996?  
 Yes  No

**Federal Income Tax Filing:** Tell us NEXT YEAR'S tax filing information for everyone applying

<b>Main Contact</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 2</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 3</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 4</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 5</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 6</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:

**Federal Income Tax Filing:** Tell us NEXT YEAR'S tax filing information for everyone applying

<b>Person 7</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 8</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 9</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 10</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 11</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:
<b>Person 12</b>	Plan to file Federal income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Status: <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Separate Return <input type="checkbox"/> Married-Filing Joint Return - spouse's name:
	Will claim dependents on own tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dependents' names:	Claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tax filer claiming this person:

**TEMPORARY ABSENCE:** Tell us about any people who are temporarily living outside of you home that are expected to return

Name (First and Last)	Date Left	Expected Return Date	Temporary Address	Why are they out of the home?

**Tell us about the relationship between you and your child(ren)'s absent parent.**


**Tell us about the relationship between the absent parent and your child(ren):**


**Residency for All Applicants:** Tell us about residency. You may need to provide proof of residency.

Is each person applying for benefits a resident of Arizona?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, who is not?
Is any of the persons applying for benefits move to Arizona within the last four months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who?  Date Moved:

**Questions for All Applicants:** Answer the following questions for anyone who is applying for benefits.

Is anyone applying for benefits currently in jail, prison or detention center?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who?  Is this person currently serving a sentence based on being convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No  Expected release date:
Has anyone applying for benefits been released from a jail, prison or detention center within the last four months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? Release date:

**Potential Benefits:** Tell us about everyone applying to help determine if he/she may be eligible for additional benefits.

Has anyone you are applying for, their spouse or deceased spouse, worked for: • A government agency • An employer with a pension plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Is anyone you are applying for: • A person who served in the U.S. military; • The spouse of a person who served in the U.S. military; • The widow or widower of a person who served in the U.S. military; or • The child of a person who served in the U.S. military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____

**Expenses:** Answer the following questions if anyone in your household is applying for Cash Assistance.

Do you or anyone in your household pay for the care of a child or disabled adult in order to work, look for work, attend training or school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, amount: \$ _____
Do you or anyone in your household pay court-ordered child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who pays? _____

**Employment:** Tell us about everyone's employment, including self-employment and rental income. You may need to provide proof of income. If self-employed, please attach the most current federal tax forms: 1040, SE and applicable schedules such as C, C-EZ, E, F and K1. If you do not have tax forms, attach proof of business income and expenses for at least the last and current calendar month.

Does ANYONE work?  Yes    No If Yes, give employment information below:

Who	Employer's Name and Phone Number:	How often paid? <small>Weekly, Biweekly, Semi Monthly, Monthly</small>	Gross Earnings Per Pay check and date (before deductions):	How many hours worked per week?

Did anyone leave a job in the last thirty (30) days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Is ANYONE self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Has business been in existence for 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, date business started: _____
Is more than one person self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Has business been in existence for 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, date business started: _____

**Other Income:** Tell us about other income everyone receives. You may need to provide proof of income.

Type of Income:	Who Receives?	Amount	How often received?	Who pays the income?
Is anyone in the household an owner or member of a franchise, corporation or limited liability corporation?				
Social Security Benefits				
Supplemental Security Income (SSI Cash)				
Retirement/pension				
Unemployment				
Disability/worker's compensation				
Child Support <input type="checkbox"/> Court Ordered <input type="checkbox"/> Other _____				
Spousal Maintenance (Alimony)				
Veterans benefits				
Gifts, contributions or loans				
Tribal money <input type="checkbox"/> Gaming <input type="checkbox"/> Other: _____				
Rental income				
Per capita payments from natural resources, usage rights, leases or royalties				
Payments from natural resources, farming, ranching, fishing, leases or royalties from Indian trust land				
Money from selling things that have cultural significance				
Other: _____				

Check here if no other income

**Expected Income Changes:**

<p>In the next twelve (12) months, does anyone in the household expect income changes because of seasonal work or contract employment? Please tell us only about the changes that happen regularly.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, who? _____          How many sources are expected to change: _____          Name of sources: _____          Amount expected to make in the next 12 months? _____          \$: _____</p>
<p>Does anyone in the household expect changes in income for any other reason in the next twelve (12) months?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No          If Yes, who? _____          Please explain: _____</p>

**Questions for All Applicants:** Answer the following questions for everyone who is applying for benefits.

Is any adult you are applying for not able to work because of a medical or mental condition that has lasted or may last 12 months, or might result in death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Does any child you are applying for have a physical or mental condition that is disabling and has lasted or may last 12 months, or result in death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Is anyone you are applying for under age 55, have a disability expected to last at least 12 months and is working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Does anyone you are applying for need help with activities of daily living (bathing, dressing, etc.) through personal assistance, services, nursing home, or other medical facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Does anyone you are applying for have a legal guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, _____ Name of legal guardian: _____

**Cash Assistance Questions:** Answer the following questions for all contacts: Everyone may still be able to get benefits if he/she has a felony drug conviction.

Has anyone you are applying for been determined to be blind or have a disability by: <ul style="list-style-type: none"> <li>the Social Security Administration (SSA), or</li> <li>the Veterans Administration (VA)?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Has anyone you are applying for had a felony conviction for possession, use, or distribution of a controlled substance on or after August 23, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No	City/state of conviction: _____
Is anyone you are applying for: <ul style="list-style-type: none"> <li>Running from the law on any felony charges, or</li> <li>In violation of probation or parole?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Has anyone been found to have committed a Cash Assistance Intentional Program Violation in Arizona or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____

**Questions for All Applicants:** Answer the following questions for everyone who is applying for benefits.

Is anyone on this application attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete grid below:				
Who	Name of School	Address Time	Full/Part	Grade Level	Start Date	Graduation date

**Expenses:** Answer the following questions if anyone in your household.

Are you living in HUD housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
What are your monthly housing costs for:	Rent \$ _____, Mortgage \$ _____, Taxes \$ _____, Homeowner/rental insurance \$ _____ Other \$ _____.	
What are the total monthly utility costs for:	Gas \$ _____, Electric \$ _____, Water \$ _____, Other \$ _____	
Are the persons you are applying for living in government-assisted housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the persons you are applying for homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other Benefits and Expenses:** Answer the following questions about receiving benefits from other states e 60.

Has anyone on the application received Nutrition Assistance from another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____
Has anyone on the application received Cash Assistance benefits from another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? When did benefits stop? _____ If Yes, who? _____
Is anyone on the application living in an assisted living facility or group home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is anyone disabled or over age 60, does he/she have any paid or unpaid medical expenses, even if he/she has medical insurance (example: travel expenses to and from medical provider, doctor visits, prescriptions, lab work, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _____  Average Total Monthly Medical Expenses \$ _____

**Cash Assistance Questions:** Answer these questions for everyone who is under age 19 and applying for Cash Assistance.

Do all children you are applying for, who are under the age of 19, have current immunizations (shots)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, who does not? _____
Has anyone you are applying for received Cash Assistance this month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, who? _When did benefits stop? _____

**Resources:** Answer the following questions if anyone in your household is applying for Cash Assistance.

Does anyone you are applying for have any type of bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, total value \$: _____ Who owns? _____  If Yes, total value: \$ _____ Who owns? _____
Does anyone you are applying for have any: •Cash •Uncashed checks •Money on a pre-paid debit card	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, total value: \$ _____
Does anyone you are applying for have any: •Retirement accounts •Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, total value: \$ _____ Who owns? _____ Name of financial institution: _____ If Yes, total value: \$ _____ Who owns? _____  Name of financial institution: _____
Do you or anyone in your household own or have their name on: •Stock •Bond •Money market account •Certificate of Deposit (CDs) •Trust funds •Life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, total value: \$ Who owns? _____  Name of financial institution: _____  If Yes, total value: \$ Who owns? _____  Name of financial institution: _____
Does anyone you are applying for own the home where they live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, total value: \$ _____ Who owns? _____ Where? _____
Does anyone you are applying for own any vehicles? (cars, trucks, boats, RVs, ATVs, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, total value: \$ _____ Who _____ owns? _____ How many vehicles? _____
Does anyone you are applying for own any other land or buildings anywhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, total value: _____ \$ Who owns? _____ Where? _____



**No Income:** If no one has income, explain how you pay your bills below:

Are you:	
<input type="checkbox"/> Living with friends	<input type="checkbox"/> Using money from savings or checking accounts
<input type="checkbox"/> Working odd jobs	<input type="checkbox"/> Monthly income: \$ _____ <input type="checkbox"/> Other _____
Are you:	
<input type="checkbox"/> Getting loans from people	<input type="checkbox"/> Someone is giving me money
<input type="checkbox"/> Someone is paying bills directly	<input type="checkbox"/> Working in exchange for rent
If Yes, complete grid below:	
Name of person helping: _____	Telephone number: _____
Email: _____	
If loan, amount: \$ _____	When does it need to be paid back? _____ If gift, amount: \$ _____
If paying bills, which ones? _____ If working in exchange, amount of rent: \$ _____	

The application is not valid until it is signed. All unrelated adults without a child in common must sign the application.

Otherwise, the application must be signed by one of the following:

- The applicant or the applicant's designee (we must have documentation showing this person is authorized to act on the applicant's behalf); or
- The applicant's spouse, if married and living within the same household; or
- The parent/legal guardian of a minor child.

#### Penalty Warning

- The information provided on this form may be verified by federal, state, and tribal officials. If any information is inaccurate, you may be denied benefits.
- You must not knowingly withhold or give false information with the intent to receive or to continue receiving Nnee Bich'o Nii benefits to which you are not entitled.
  - You will be required to pay back to Nnee Bich'o Nii benefits you receive as a result of withholding or giving false information and you will be subject to criminal prosecution.
  - It is fraud for any person to knowingly withhold information with the intent to receive or continue to receive benefits to which he/she is not eligible. Any person found guilty of fraud may be subject to fines, criminal prosecution, imprisonment or other penalties as provided for by applicable laws.

#### Release of Information

I authorize Nnee Bich'o Nii to investigate and contact any sources necessary to establish eligibility and the accuracy of financial information that pertains to eligibility.

#### Statement of Truth

By signing this application:

- I agree I have read and understand the rules and penalties included with the application. I have read and understand my rights and responsibilities, and provided Social Security numbers for each applicant that has a Social Security number.
- I agree that certain Cash Assistance household members will cooperate with the work programs, which includes looking for work and accepting training and/or a job. If anyone does not, or will not, look for work, attend training, or accept a job, my benefits may be reduced or stopped.
- I agree to cooperate with Nnee Bich'o Nii, Arizona or Federal personnel in the completion of a quality control review on my eligibility for benefits.
- I understand certain personal information contained in this application or my Nnee Bich'o Nii records may be released to the court and other parties to the case and becomes a public record document.
- I understand that my records will be kept confidential and will only be released for purposes authorized by law.
- I understand that by signing this application any adult included in the benefits may be selected for random drug testing. Failure to participate may be cause from benefits to be reduced or terminated.
- I understand that my School Age Children must be in school at all times and Monthly Attendance for each child is submitted with MER each month.

I swear under penalty of perjury that the statements and documents provided about me and persons in my home, that relates to my eligibility for benefits, is true and correct to the best of my knowledge, and that I have not withheld any information. I swear under penalty of perjury that any photocopied information I have provided are the same as the original documents.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult in Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness (if signed with mark): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Nnee Bich'o Nii worker completing the interview: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

**Submit your completed and signed application along with any supporting documents to the:**

**SAN CARLOS APACHE TRIBE  
NNEE BICH'O NII TANF PROGRAM**

<p>Nnee Bich'ó Nii Peridot Office 99 Old Moonbase Rd Peridot, AZ</p>	<p>Nnee Bich'ó Nii Bylas Office Wickiup Village Milepost 297 E. Highway 70 Bylas, AZ</p>
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If any additional information is needed, you will be contacted.  
You will be notified of our decision.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

HHS is an equal opportunity provider and employer.

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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. • Disponible en español en línea o en la oficina local.