



If yes, list the name of household member and Corporation(s) here: (use backside of form if necessary)

MEMBERS OF HOUSEHOLD WHO OWN SHARES IN A NATIVE CORPORATION		
NAME	NATIVE CORPORATION	# SHARES OWNED

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.

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### 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.

**\*\*\*YOU ARE REQUIRED TO REPORT INCOME RECEIVED FROM THE FOLLOWING\*\*\***

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 (State assistance)	\$	
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	\$	

