



## Training, Education, and Financial Additional Documentation

**If you need more space to answer these questions, please use another sheet of paper.**

### **Household Income**

<i>Source of Income</i>	<i>Amount</i>	<i>Comments</i>
Salary/Wage	\$	
Spouse's Salary/Wage	\$	
Retirement Benefits	\$	
Tips or Gratuities	\$	
ATAP/TANF/Cash Aid	\$	
Child/Spousal Support	\$	
Foster Care Payments	\$	
Social Security	\$	
Supplemental Security Income	\$	
Disability Insurance	\$	
Senior Care Cash Benefits	\$	
Alaska PFD	\$	
Cash Outs or Retirement/Pension Plans	\$	
State Longevity	\$	
Veteran's Benefits	\$	
Unemployment Insurance Benefits	\$	
Worker's Comp Payments	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Health Insurance Payments	\$	
Corporation Dividends	\$	
Checking Account	\$	
Savings Account	\$	
Student Loans/Grants/Scholarships	\$	
Gambling Winnings (Bingo, Pulltabs, etc)	\$	
Investment Income	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	



## Household Expenses

**These items require attached proof**

<i>Expense</i>	<i>Amount</i>	<i>Comment</i>
Rent/Mortgage/Space Rent	\$	
Heating Oil/Fuel/Wood	\$	
Electricity	\$	
Phone Services	\$	
Water	\$	
Sewer	\$	
Garbage	\$	
Food	\$	
Household Supplies (toilet paper, dish soap, etc)	\$	
Propane	\$	
Child Care	\$	
Child Support	\$	Who pays?
Bus Fare	\$	
Vehicle Payment	\$	
Vehicle Insurance	\$	
Vehicle Gas (proof not required)	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	

Do you expect any changes in your income or expenses? If yes, explain what changes and when. \_\_\_\_\_

If we are able to assist you, what bills do you want made a priority? \_\_\_\_\_

If the assistance is going to a store for essential needs, which of our vendors would you like to use? Spark's General Store, IGA in Glennallen, Tazlina Trading Post, or Fred Meyer. \_\_\_\_\_

If you are without transportation do you need part of your assistance to go to bus fare to meet the obligations of this program? \_\_\_\_\_

If so, where would you need to go? \_\_\_\_\_

**Yes No**

- Do you have a valid Alaska Driver's License? License Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_
- Do you have your own reliable transportation? If yes, what kind: \_\_\_\_\_
- Have you ever been convicted of a DUI/DWI? If yes, when: \_\_\_\_\_
- Have you ever been convicted of a felony? If, yes, when: \_\_\_\_\_



- Are you currently on probation or parole? If yes, who is your probation/parole officer? \_\_\_\_\_
- \_\_\_\_\_
- Are you under treatment for alcohol/substance abuse? If yes, how long & where: \_\_\_\_\_
- \_\_\_\_\_
- Is it hard for you to read, write or speak English? If yes, explain: \_\_\_\_\_
- \_\_\_\_\_

### **Cost of Work or Education Related Items and Frequency**

License Fees \_\_\_\_\_

Transportation Expenses \_\_\_\_\_

Union Dues \_\_\_\_\_

Moving Expenses (for a job) \_\_\_\_\_

Tuition \_\_\_\_\_

Books (for students) \_\_\_\_\_

Student Meals \_\_\_\_\_

Room/Board (for post-secondary students) \_\_\_\_\_

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you or any of your household members have any minor children living outside the home?  
If so, why and who are they staying with?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 apply/reapply for ATAP/TANF:**  Yes  No **Date able to reapply:** \_\_\_/\_\_\_/\_\_\_

**ATAP/TANF office(s) you have received assistance from:** \_\_\_\_\_



*Federal law governing fraud: Whoever, in a matter with the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up, by any trick, scheme, or device, a material fact, or makes any materially false, fictitious, or fraudulent statement or representation, or makes, or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000, or imprisoned not more than five (5) years, or both (Code of Federal Regulations).*

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date