

AVCP  
 Association of Village Council Presidents  
 TANF Program  
 Pouch 219 \* Bethel, Alaska 99559

**MONTHLY REPORT FORM**

COMPLETE AND RETURN TO AVCP TANF PROGRAM, INCLUDE VERIFICATION/ COPIES. PLEASE ANSWER EVERY QUESTION.

The report month is \_\_\_\_\_ do not complete this form before \_\_\_\_\_ the form must be postmarked no later than \_\_\_\_\_

Case number: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**You must send in proof of the money you receive and other proof that is requested on this form.  
 If you do not, your benefits will be delayed or your case closed.**

If you need help filling out this form, contact your caseworker or Case Manager. Be sure to answer all questions completely.

**Attach a separate piece of paper if you need more space.**

**1. Your Full Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Daytime Telephone** \_\_\_\_\_

**2. List EVERYONE ELSE who lives in your home now.**

Full Name Of Person	Birth date	Relationship to You (Child, spouse, brother, Friend, etc.)	Full Name Of Person	Birth date	Relationship to You (Child, spouse, brother, Friend, etc.)
(1)			(5)		
(2)			(6)		
(3)			(7)		
(4)			(8)		

**3. Did anyone move into or out of your home last month?**  Yes  No If YES, explain below.

Examples: Someone moved in or out, a relative returned home, a baby was born, you moved in with someone else, etc.

Full Name of Person	Relationship	Social Security Number	Birth date	What Changed?	Date	Add to Case?

**4. Did anybody living with you receive any money last month?**  Yes  No If YES, complete below and **ATTACH PROOF.**

Report money received from a job, self-employment or fishing, unemployment, SSI, Social Security benefits, child support, tips, bingo and pull-tab winnings, Permanent Fund Dividends, and any other money that comes into your household. Also report in-kind income such as working off rent.

Who Received the Money?	Source of Money (if job, name of employer)	Date Money Received	Gross amount (attach proof)	Number of Hours Worked

**Will anyone's job, income, or hours of work change next month?**  Yes  No If YES, please explain the changes.

**5. Do you have a new address or phone number?**  Yes  No If YES, complete below.

New Home Address (Street Address) \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Change \_\_\_\_\_

**6. Is anyone in your household pregnant?**  Yes  No If YES, who? \_\_\_\_\_ Date baby is due? \_\_\_\_\_

**7. Does anyone have a bank or credit union account (savings, checking, IRA, etc.?)**  Yes  No If YES, complete below and Attach Proof.

Name on Account	Name of Bank/ Branch	Account Number	Balance

**8. Did anyone buy, sell, or trade a vehicle (such as a car, truck, motorcycle, boat, RV, snowmobile, etc.)?**  Yes  No If YES, Attach proof.

Owner	Type of Vehicle	Make	Model	Year	Value	Amount Owed

**9. Did you have any of these EXPENSES last month?**  Yes  No If YES, complete the section below and attach proof.

**Did you SHARE these expenses with anyone?**  Yes  No If YES, write the amount you have to pay and attach proof.

Rent/Mortgage Payment \$ \_\_\_\_\_ Home Insurance \$ \_\_\_\_\_ Heating/Stove Oil \$ \_\_\_\_\_ Water \$ \_\_\_\_\_  
 Lot or Space Rent \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Natural Gas/Propane \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_  
 Property Tax \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_ Other (Coal/Wood) \$ \_\_\_\_\_ Garbage\$ \_\_\_\_\_

**Did you pay anyone to take care of a child?**  Yes  No CHILD CARE expenses must be verified monthly or the expense may not be allowed.

Child's Name \_\_\_\_\_ Child Care \$ \_\_\_\_\_ Child's Name \_\_\_\_\_ Child Care \$ \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Child Care \$ \_\_\_\_\_ Child's Name \_\_\_\_\_ Child Care \$ \_\_\_\_\_

**Did you get money to help pay these child care expenses?**  Yes  No If YES, how much did you receive? \$ \_\_\_\_\_

**Does anyone in your household pay CHILD SUPPORT?**  Yes  No If YES, please complete below and attach proof.

Who Pays?	What Activity Was Done?	How Much?	When?

**Will your rent, child care or child support payments change next month?**  Yes  No If YES, please explain.

**10. What did you or someone in your household do last month to help your family become self-supporting?** Be sure to report wages in Question 4.

- Looked for Work/Applied for Job
- Unpaid Work/Volunteer Experience
- Self-employment (fishing, crafts, child care, etc.)
- High School Diploma/GED
- Community Work Experience
- Attended Job Training
- Attended Other Training
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Who did the Activity?	What Activity Was Done?	When?	Number of Hours

**Are there any other goals you are working toward? How can the AVCP - TANF Program help you with these?**

**11. Do you have anything else to report?**

I understand the information I provide may cause changes in my benefits for Temporary Assistance, Food Stamps or medical assistance or may cause my case to close.  
 I understand I may request a Fair Hearing if I believe any action of the Division of Public Assistance is incorrect, improper or illegal.  
 I understand I must provide Social Security numbers and the Division may use them to verify my eligibility (7USC 2025(F) and 7273.9).  
 I understand the information may be investigated and verified by federal, state and local officials.  
 I understand my case may be closed or my benefits delayed if I do not submit proof of income and other proof required with this report.  
 I understand that expenses may not be counted if I have not given proof of expenses.

**PENALTY WARNING**

A person who intentionally breaks Food Stamp Program rules will be disqualified for one year for the first offense, two years for the second, and permanently for the third. A person can also be fined up to \$250,000, imprisoned up to 20 years, or both.  
 A person who intentionally breaks Temporary Assistance rules will be disqualified for six months for the first offense, one year for the second, and permanently for the third.

**COMPLETE, SIGN AND RETURN THIS FORM AFTER THE LAST DAY OF THE REPORT MONTH**

Under penalty of perjury or of unsworn falsification, I certify that the information in this report is correct, accurate and complete to the best of my knowledge.

**SIGN HERE**

**DATE SIGNED**

**HAVE YOU ANSWERED ALL QUESTIONS? HAVE YOU ATTACHED YOUR PROOF? DID YOU PUT YOUR NAME ON THE PROOF?**

Do you want your proof returned?  Yes  No If NO, your proof may be destroyed.