

ASSETS INFORMATION:

2. List all vehicles owned or being purchased by you or anyone in your household. *Include cars, trucks, boats, motorcycles, RVs, ATVs, snowmobiles, etc.*

Owner's Name	Type of Vehicle	Model/Year	How Used?	Amount Owned	Current Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$

3. List any houses, cabins, property, stocks, bonds, or other assets you or anyone in your household owns or is buying. List any life insurance policies or burial accounts or policies you or anyone in your household owns, and the current case value of the account of policy.

Owner	Type of Property/Asset	Value	Owner	Type of Property/Asset	Value
		\$			\$
		\$			\$
		\$			\$
		\$			\$

4. List how much money you or anyone in your household has in cash and bank accounts. *Please provide a copy of your most recent bank statement for each account.*

Name(s) on Account	Name of Bank/Credit Union & Branch	Account Number	Balance
			\$
			\$
			\$
	Cash on Hand		\$

5. List anyone in your household who belongs to a Native Corporation.

Shareholder Name	Native Corporation	Shares Owned	Amount/Date of Last Dividend

6. Do you or anyone who lives with you own a commercial fishing permit or IFQs? Yes No

If yes, Permit/IFQ Number

Value \$

MONEY RECEIVED INFORMATION:

7. Complete if you or anyone in your household is working. *Please provide three or four most recent pay stubs. If self-employed, attach proof of income and expense.*

Person Employed	Employer	Hours Worked	Hourly Wage	How often paid?
			\$	
			\$	
			\$	
			\$	

Will anyone's job, wages or hours of work change soon? Yes No If yes, please explain.

8. List any other money you or anyone in your household receives. *Include Social Security, SSI, BIA, VA, retirement, unemployment insurance, Worker's Compensation, Native Assistance, Child Support, Cash Gifts, etc.*

Please attach proof.

Who Receives	Income Source	Amount	Who Receives	Income Source	Amount
		\$			\$
		\$			\$
		\$			\$
		\$			\$

Do you expect any changes to your income? Yes No If yes, please explain. _____

Does anyone work in exchange for food, shelter, utilities, etc? Yes No If yes, please explain. _____

HOUSEHOLD EXPENSE INFORMATION:

9. Complete if you or anyone in your household has any of these monthly expenses. ***Please provide proof of the obligated monthly rent amount, utility costs, and yearly property tax and insurance amounts.***

Expense Type	Monthly Amount	Expense type	Monthly Amount	Expense Type	Monthly Amount
Rent/Mortgage	\$	Telephone	\$	Heating Oil	\$
Lot or Space Rent	\$	Electricity	\$	Natural Gas	\$
Property Tax	\$	Water / Sewer	\$	Wood / Coal	\$
Home Insurance	\$	Garbage Collection	\$	Other _____	\$

Are you responsible for paying the cost of heating your home? Yes No

If yes, what fuel do you heat your home with? _____

If you share payment of these expense with anyone, or receive assistance paying the expenses (such as rental assistance), please explain. _____

10. Complete if anyone in your household has expenses for the care of a child, or an elderly or disabled adult. ***Please provide proof of amounts paid for the last two months.***

Child / Dependent Name	Monthly Care Cost	Child / Dependent Name	Monthly Care Cost
	\$		\$
	\$		\$

Do you get money to help pay dependent care costs? Yes No If yes, how much? _____
From whom? _____

11. Complete if you or anyone in your household pays child support. ***Please provide proof of your monthly obligation and the amount paid in the last two months.***

Who Pays Child Support	Who Do They Pay?	How Much?	When?
		\$	
		\$	

12. Complete if you or anyone in your household is over age 59 or disabled, and has medical expenses. ***List the person and provide proof of these expenses.***

Person with Medical Expense	Amount	Person with Medical Expense	Amount
	\$		\$

If you expect any changes in your household expenses or circumstances, please explain: _____

**ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES**

**AUTHORIZATION
FOR RELEASE OF INFORMATION**

I authorize the release of information requested by the Association of Village Council Presidents Temporary Assistance for Needy Families Program. The requested information will only be used in the administration of temporary assistance programs, and will not be released to any other person or agency outside of the AVCP Temporary Assistance for Needy Families Program or its agents. This release of information will be in effect while I am an applicant or recipient of temporary assistance, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, Department of Public Safety, Department of Fish and Game, Department of Labor, Department of Military & Veterans Affairs, Department of Revenue, Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL.

Your Signature

Signature of Other Adult Household Member

Printed Name

Printed Name

Social Security Number

Social Security Number

Address

Address

Phone Number

Phone Number

Date

Date

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

REQUEST FOR CONTACT PERSONS AND ORGANIZATIONS

We often need to contact persons or organizations that can verify your situation to determine your eligibility for public assistance. When we contact these persons or organizations, we tell them our name, title, and that we work for the Temporary Assistance for Needy Families. We are prohibited by law from telling them anything about you or about your public assistance case.

The information we most often need to verify is where you live, who lives with you, and your household's income and resources. We may also ask for information about absent parents for Temporary Assistance applicants.

Please provide the information requested below:

NAME OF SOMEONE WHO KNOWS YOU WELL

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER

NAME OF SOMEONE WHO KNOWS YOU WELL

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER

NAME OF LANDLORD

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER

FINANCIAL INSTITUTION (BANK, CREDIT UNION)

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER

EMPLOYER

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER
