



Nnee Bich'ō Nii Services  
P.O. Box 817, Peridot, AZ 85542  
Peridot: (928) 475-5011 / Bylas: (928) 475-5032  
Fax: (928) 475-5017

## “Promoting Education, Training, Employment, and Public Transit for the People!”

Below is a checklist of documents required to determine your eligibility for cash assistance. All documents are due within 10 days of your initial interview with an Employment & Training Counselor.

- SOCIAL SECURITY CARDS:** Bring SSN cards for all that you are applying for (plus adults on child-only cases).
  - BIRTH CERTIFICATES:** For all that you are applying for (plus adults on child-only cases).
  - CERTIFICATES OF INDIAN BLOOD:** For all that you are applying for on your application.
  - STATE ID OR DRIVER LICENSE:** For main contact on the application.
- 
- SCHOOL RECORDS:** Verification of **enrollment** and **attendance** – all school age children listed on the application.
  - PROOF OF ADDRESSES:** A post marked stamped envelope (from the recent mail) that has applicant's current mailing address with name on it **AND** proof of physical address - either land lease, land mark survey, or hand drawn map (see last page).
  - LEGAL GUARDIANSHIP CUSTODY PAPERS (if applicable)**
  - VERIFICATION OF HOUSEHOLD COMPOSITION:** Housing Unit: get from San Carlos Housing Authority.  
Not in housing unit: get written statement from a *non-relative who is not living in the same household* as you. Must include household names, home location, and contact info for non-relative.
  - CURRENT IMMUNIZATION FOR CHILDREN YOU ARE APPLYING FOR**
  - PROOF OF PREGNANCY:** Doctor statement with expected due date.
  - FAMILY INCOME:** Submit proof of any income received in the past 3 months that applies to your household.
    - Employment Check Stubs
    - Child Support
    - Self-Employment (Income & Expenses)
    - Food Stamps
    - Social Security Verifications/SSI award Letter (Current)
    - Welfare payments (GA) Verification
    - Unemployment Insurance Verification
    - Veterans Administration (VA) Benefits Verification
    - Pell Grant/Scholarship Award Letter
    - Family members over the age of 18 must also provide income.





**San Carlos Apache Tribe, Nnee Bich'oo Nii Services**  
**"Helping the People"**



**Temporary Assistance for Needy Families (TANF)**  
**APPLICATION FOR ASSISTANCE**

*Please read the entire application form and clearly print all your answers in blue/black ink.*

<b>Main Contact Name:</b> Last			First			Middle			Other name(s) used		
Primary Phone Number <b>Circle one:</b> Cell Home Msg				Secondary Phone Number <b>Circle one:</b> Cell Home Msg				E-mail Address (optional)			
Physical/Rural/Residential Address						City		State		Zip Code	
Mailing Address (If different from above)						City		State		Zip Code	
How long have you lived at your current residence (number of years/months/days?)						County household resides in?			District household resides in?		
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married, Living Together <input type="checkbox"/> Married, Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed											
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Apache <input type="checkbox"/> Other _____						Is anyone in your household a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No					
WRITTEN Language(s): <input type="checkbox"/> English <input type="checkbox"/> Apache <input type="checkbox"/> Other _____						<b>If YES, who?</b> _____					

**1. Household Members:** List all individuals in your household, beginning with the main contact (you or, if applicable, your partner).

OFFICE USE ONLY		NAME (Last, First, MI)	Social Security Number	Tribal Enrollment Number	Age	Date of Birth	Relation to Main Contact (child, spouse, grandchild, etc.)	U.S. Citizen? (Check one)		Ethnicity (Native, Native Alaskan, Not native, etc.)	Biological Gender (Check one)			
Included in B.G.?								Y	N		Y	N	M	F
Y	N													
		1					Self							
		2												
		3												
		4												
		5												
		6												
		7												
		8												
		9												
		10												
		11												

**\*If you need to add more people to your household, please request an "Additional Information Form" from a staff member.**

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**2. 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.*

**Would you like to add an authorized representative to the application?**  No  Yes

If YES, please request an "Authorized Representative Form" from a staff member. Fill out with your authorized representative and attach to application.

**3. Name of Someone Who Knows You Well.** *We often need to contact people or organizations that can verify your eligibility for public assistance. When we contact these people or organizations, we tell them your name, our job title, and that we work for Nnee Bich'o Nii Services. We are prohibited by law from telling them anything about you or your assistance case. Please provide contact information below.*

Name of Someone Who Knows You Well: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**4. Do any children you are applying for have a legal guardian?**  No  Yes

If YES, which child(ren)? \_\_\_\_\_ Name of guardian(s): \_\_\_\_\_

**5. Absent Parent(s).** *Fill out only if applicable to your situation. For more than one set of parents per household, please request an "Additional Information Form" from a staff member. (e.g. when each child has a different father).*

Name of Absent Parent(s): \_\_\_\_\_

Is absent parent(s) deceased?  No  Yes

If NO, is absent parent(s) involved in any way with raising the child(ren)?  No  Yes

If YES, please briefly explain how they are involved (custody/visitation arrangements, helping with expenses, clothing, school, etc):

If parent(s) is still alive, do you know their location?  No  Yes IF YES, where? \_\_\_\_\_

**6. Is anyone living outside of your home that is expected to return?**  No  Yes IF YES, complete the following:

Full Name	Date Left	Expected Return Date	Temporary Address

Brief reason for absence: \_\_\_\_\_

**7. Is everyone listed on the application residents of Arizona?**  Yes  No IF NO, who is not? \_\_\_\_\_

**8. Did anyone you are applying for move to Arizona within the last four months?**  No  Yes

If YES, who? \_\_\_\_\_ Date Moved: \_\_\_\_\_

#### BACKGROUND

**9. Does anyone you are applying for currently have a warrant for your, or their, arrest?**  No  Yes

If YES, who? \_\_\_\_\_ For what? \_\_\_\_\_

Where? \_\_\_\_\_

**10. Has anyone listed on the application had a felony conviction for possession, use, or distribution of a controlled substance, on or after August 3, 1996?**  No  Yes IF YES, which city & state of conviction: \_\_\_\_\_

#### EXPENSES

**11. NO INCOME (if applicable).** *If no one in your household has any income, please indicate how you pay your bills below. Check all that apply.*

- Living with friends  Using money from savings or checking accounts  Living off of credit cards  
 Getting loans from people  Someone is giving me money  Someone is paying my bills directly.  
 Working in exchange for rent  Working odd jobs  Other: \_\_\_\_\_

Approx. income from these sources: \$ \_\_\_\_\_

Name of person/people helping: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Please fill out all that apply:

If you have loans, loan amount: \$ \_\_\_\_\_ When does it need to be paid back? \_\_\_\_\_

If someone is paying your bills, which ones? \_\_\_\_\_

If you're working in exchange for rent, amount of rent: \$ \_\_\_\_\_

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**Housing. Tell us about your housing situation.**

**12. Are you, or anyone in your household, currently without a home? (e.g. homeless, living in car, etc.)**

No  Yes **IF YES**, who? \_\_\_\_\_

**13. Landlord (or Homeowner) of Where Household Resides.**

I don't have a landlord. I own my home. (If you own your home, check the box and go to next question.)

Name of Homeowner/Landlord: \_\_\_\_\_

Are you related to the homeowner/landlord?  No  Yes **IF YES**, How? \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**14. Do you live in government-assisted housing?**  No  Yes

**15. Are you living in HUD housing?** (this includes the tribal Housing Authority)  No  Yes

**16. Does anyone you are applying for live in an assisted living facility or group home?**  No  Yes

**IF YES**, who? \_\_\_\_\_

**17. What are your monthly housing expenses for:** Rent: \$ \_\_\_\_\_ or Mortgage: \$ \_\_\_\_\_ Taxes: \$ \_\_\_\_\_

Homeowner/rental insurance: \$ \_\_\_\_\_ Other housing expenses: \$ \_\_\_\_\_

**Other Expenses**

**18. What are your average monthly utility costs for:** Gas: \$ \_\_\_\_\_ Electric: \$ \_\_\_\_\_ Water: \$ \_\_\_\_\_

Other utility expenses: \$ \_\_\_\_\_

**19. 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 go to school?**  No  Yes **IF YES**, amount: \$ \_\_\_\_\_

**20. Do you, or anyone in your household, pay court-ordered child support?**  No  Yes **IF YES**, amount: \$ \_\_\_\_\_

**RESOURCES**

**21. Does anyone listed on the application have a bank account?**  No  Yes **IF YES**, complete the following:

Type of Account	Name on Account	Financial Institution	Current Balance
Checking Account	1.		\$
	2.		\$
Savings Account	1.		\$
	2.		\$

**22. Do you, or anyone in your household, own any vehicle, RV, ATV, property, etc.?**  No  Yes **IF YES**, complete the following:

Name of Owner	Kind of Machine (Vehicle, ATC, etc.)	Current Value of Resource	Is it registered? (Yes/No)
		\$	
		\$	
		\$	

**INCOME & OTHER FINANCES**

**23. Has anyone you are applying for left a job in the last thirty (30) days?**  No  Yes

**IF YES**, who? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

**24. If you plan on filing a tax return for this UPCOMING SEASON, will you, or any adult listed on the application, claim dependents on their own tax return?**  No  Yes **IF YES**, who will claim dependents? \_\_\_\_\_

List dependents: \_\_\_\_\_

**25. Can anyone claim you, or anyone you are applying for, on their upcoming taxes?**  No  Yes

**IF YES**, who will claim them? \_\_\_\_\_

List claimed dependents: \_\_\_\_\_

**26. Are you receiving housing assistance (subsidized)?**  No  Yes **IF YES**, Type:  Public Housing-HUD  Rent Subsidy

**27. Are you receiving Child Care assistance (subsidized)?**  No  Yes

**IF YES**, Type:  State Funded  Tribal Funded  Local Funds Average monthly assistance amount: \$ \_\_\_\_\_

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**28. Do you, or anyone listed on the application, have any listed below:**  No  Yes **IF YES**, mark which ones apply:  
 Medicaid  Medicare  AHCCCS  Other Medical Coverage: \_\_\_\_\_  
**IF YES**, from which State/County: \_\_\_\_\_

**29. Have you or anyone listed on the application ever *applied for*, or *received*, TANF assistance?**  No  Yes

**30. Does anyone in your family receive SNAP (Food Stamps)?**  No  Yes  
**IF YES**, from which State/County: \_\_\_\_\_ Monthly Benefit Amount: \$ \_\_\_\_\_

**31. Have you, or a member of your family, ever been *disqualified* from TANF, Food Stamps, or other public assistance programs?**  
 No  Yes **IF YES**, who? \_\_\_\_\_ When? \_\_\_\_\_ What program? \_\_\_\_\_

**32. Has anyone listed on the application applied for, or is currently receiving income from, any of the following sources?**  
 No  Yes **IF YES**, complete below:

Type of Income	Receiving?			Who is the Recipient?	Amount Received?	Received how often? (Monthly, Bi-weekly, Weekly, etc.)
	Y	N	Pending			
Child Support Payments <input type="checkbox"/> Court-ordered <input type="checkbox"/> Voluntary					\$	
SSA: Retirement, Survivors, Disability, SSI					\$	
Retirement, Federal, State, Tribal, RR					\$	
Royalty Payments (oil, gas, etc.)					\$	
Rental/Lease of Property/Land					\$	
Per Capita Payments					\$	
Unemployment Insurance Comp.					\$	
Vacation/Sick/Severance Payments					\$	
Lottery/Gambling Winnings					\$	
Insurance/Settlement					\$	
Worker's Compensation					\$	
Disability Payments					\$	
Tribal Money (Gaming, etc)					\$	
Other:					\$	

**33. Does anyone listed on the application regularly receive funds using peer-to-peer payments (Zelle, Apple Pay, Google Pay, PayPal, etc.)?**  No  Yes  
**IF YES**, who receives the funds? \_\_\_\_\_  
 Who sends the funds? \_\_\_\_\_  
 For what purpose and approx. amount? \_\_\_\_\_

**34. Is anyone listed on the application self-employed?**  No  Yes **IF YES**, complete the following:

Name	Type of Employment/Business Name	Age of Business	Hours Per Week	Monthly Gross Income	Monthly Business Expenses
				\$	\$
				\$	\$
				\$	\$

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**35. Does anyone listed on the application have a current, steady job?**  No  Yes **IF YES, complete the following:**

Name	Employer's Name and Address	Date of Employment	Hours Per Week	Monthly Gross Income
				\$
				\$
				\$

**36. Does anyone listed on the application expect any kind of income changes within the next twelve (12) months?**  No  Yes

*Examples: seasonal work, contract employments, etc. Please tell us only about the changes that happen regularly.*

**IF YES, who?** \_\_\_\_\_ Amount expected to make in the next 12 months: \$ \_\_\_\_\_

Briefly explain the situation:

**GENERAL QUESTIONS**

**37. Mark all that apply in the following for yourself and/or anyone in your household.**

- 1. worked for a government agency
- 2. worked for an employer with a pension plan
- 3. served in the U.S. military
- 4. is a spouse of someone who serves/served in the U.S. military
- 5. the widow/widower of a person who served in the U.S. military
- 6. the child of the person who served in the U.S. military

**IF ANY ARE CHECKED, please tell us who it applies to (# & first name):**

**38.** 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 may result in death?  No  Yes  
**IF YES, who?** \_\_\_\_\_

**39.** 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 may result in death?  No  Yes  
**IF YES, who?** \_\_\_\_\_

**40.** Does anyone you are applying for under age 62, have a disability expected to last at least 12 months and is working?  No  Yes  
**IF YES, who?** \_\_\_\_\_

**41.** Does anyone you are applying for need help with activities of daily living (bathing, dressing, etc.) through personal assistance, services, a nursing home, or other medical facility?  No  Yes  
**IF YES, who?** \_\_\_\_\_

**42.** Has anyone you are applying for been determined to be blind or have a disability by the Social Security Administration (SSA), or the Veteran's Administration (VA)?  No  Yes  
**IF YES, who?** \_\_\_\_\_

**43.** Do all children you are applying for, who are under the age of 18, have current immunizations (shots)?  Yes  No  
**IF NO, who does not?** \_\_\_\_\_

**EDUCATION**

**44.** What is the last grade completed? **Head of Household:** \_\_\_\_\_ **2<sup>nd</sup> Adult:** \_\_\_\_\_

**45. Is anyone in your household attending school (elementary, high school, university, college, or trade school)?**

No  Yes **If YES, complete below:**

Student's First Name	School Name and Address	Last Grade Completed	ATTENDING (check one)	
			Full Time	Part Time

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**ACKNOWLEDGEMENT / CERTIFICATION SHEET**

<b>INITIAL(S)</b> <small>(ADULT 1 / ADULT 2)</small>	<b>PLEASE READ THE INFORMATION BELOW, INITIAL EACH SECTION TO ACKNOWLEDGE THAT YOU UNDERSTAND THE INFORMATION PROVIDED IN THE SECTION AND SIGN THE APPLICATION (For Two-Parent applications, both Parents must initial and sign)</b>
___ / ___	<b>FRAUD PENALITES:</b> I understand the information I provided on this form may need to be verified by federal, state, and tribal officials. If any information is inaccurate, I may be denied benefits. I understand that if I knowingly withheld or gave false information with the intent to receive or to continue receiving Nnee Bich’o Nii (NBN) benefits, I will be required to pay back to any NBN benefits I receive(d) as a result of breaking the rules, and will be subject to criminal prosecution. I acknowledge that, during the prosecution process, if I am found guilty of fraud, I will be subject to fines, criminal prosecution, imprisonment, or other penalties as provided for by the applicable laws.
___ / ___	<b>RELEASE OF INFORMATION:</b> I authorize Nnee Bich’o Nii (NBN) to investigate and contact any sources necessary to establish eligibility and the accuracy of financial information that pertains to eligibility.
___ / ___	<b>CONFIDENTIALITY:</b> I understand that my records will be kept confidential and will only be released for purposes authorized by law.
___ / ___	<b>WORK PROGRAM PARTICIPATION:</b> I, and other qualified household members, will cooperate with the work programs, which includes looking for a job and accepting training and/or a job. If any qualified household members do not, or will not, look for a job, attend training, or accept a job, I understand my benefits may be reduced or stopped.
___ / ___	<b>CUSTOMER RIGHTS:</b> I understand that I have the rights to courteous and professional treatment, to fair and equal treatment, to notification before benefits are reduced/stopped, to review NBN policy manual (to understand our decision), to talk about my case with a worker or supervisor, to have all information I give regarding eligibility kept private according to the law, to ask for a fair hearing in qualified circumstances, to look at my file before a fair hearing, and to bring an attorney or any other person to a fair hearing.
___ / ___	<b>MAILED NOTICES:</b> I understand that NBN will have a decision on my Cash Assistance within 30 days of this application. Throughout my time with NBN, I will be notified by mail if my case is approved, denied, closed, benefits change, etc, so I agree to check my mail regularly while I am receiving benefits from NBN.
___ / ___	<b>DRUG TESTING:</b> I understand, by signing this application, any adult included in the benefits may be selected for random drug testing, as part of eligibility. Failure to participate may be cause for my benefits to be reduced or terminated.
___ / ___	<b>M.E.R. &amp; SCHOOL ATTENDANCE:</b> I understand my school-aged children must be in school at all times and monthly school attendance must be submitted with the Monthly Eligibility Report (M.E.R.) every month and a Change Report must be submitted with the M.E.R. if any changes occur within the month.
___ / ___	<b>PAYMENT ERRORS:</b> I understand a payment error will occur if I receive a monthly assistance payment that is more or less than I am eligible to receive. I understand I will be responsible for repaying the amount I was not eligible to receive.
___ / ___	<b>DOCUMENTS:</b> I swear under penalty of perjury that the statements and documents provided about me and my household, 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.
___ / ___	<b>CUSTOMER RESPONSIBILITY:</b> I have read and understand my rights and responsibilities, and have provided Social Security numbers for each applicant that has a Social Security number. I agree to cooperate with Nnee Bich’o Nii (NBN), Arizona, or Federal personnel in the completion of a quality control review for my eligibility for benefits.

**FINAL SIGNATURES FOR TANF APPLICATION**

*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 Authorized Representative), the applicant’s legal spouse (if living in same household), or the parent/legal guardian of a minor child.*

_____	_____	_____
Main Contact’s Signature	Print Name	Date (Day application is turned in)
_____	_____	_____
Second Adult’s Signature (Two-Parent App or Auth. Rep.)	Print Name	Date (Day application is turned in)

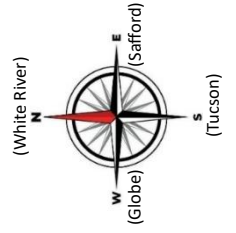
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**APPLICATION DATE:** \_\_\_ / \_\_\_ / \_\_\_      **INTERVIEW DATE:** \_\_\_ / \_\_\_ / \_\_\_  
**APPROVAL DATE:** \_\_\_ / \_\_\_ / \_\_\_      **EFFECTIVE DATE:** \_\_\_ / \_\_\_ / \_\_\_  
**APPLICATION TYPE:**     New Application       Renewal Application  
**CASE TYPE:**     One Parent       Two Parent       Child Only/Kinship

_____	_____	_____
Interviewer’s Signature	Job Title	Date



**DO YOUR BEST TO DRAW A MAP TO YOUR HOUSE FROM THE TANF OFFICE**  
(Identify landmark sites, mile posts, location of significant buildings/structures, major roads.)



Approx. how many miles is your home from the TANF Office? \_\_\_\_\_