

CTTP TANF Program

Non-Recurring Short-Term Benefit Emergency Assistance Program

1. Name of Applicant: _____

a. Full name and Birthdates of family members in the household;

Name

Birthday

2. Address of Applicant: _____

Phone #: _____

Service Area Eligibility Verified:

Y ___

N ___

Proof of Residency:

Y ___

N ___

3. Tribal Affiliation of Eligible Child(ren): _____

Tribal Affiliation Verified:

Y ___

N ___

4. Income (300% of FPL) Last month's income: \$ _____

Income Verified:

Y ___

N ___

5. All Eligibility factors met

Y ___ Approval

N ___ Denial

Amount of Check: \$ _____



AFFIDAVIT

CTTP Non-Recurring Short-Term Benefit for Emergency Services

Application Information			
Name			
Address			
Date of Birth		Social Security Number	

ACKNOWLEDGE AND AGREEMENT

In making this application for CTTP Non-Recurring Short-Term Benefits for emergency services, I certify under penalty of perjury:

1. That my family and I reside in an identified service area for emergency assistance.
2. That an eligible Native American/ Alaska Child resides in my home and at the listed address.
3. That all the information on this document and the Emergency Assistance Request for is truthful and accurate.
4. I understand the CTTP and its agents may investigate the accuracy of my statements and will require me to provide supporting documentation, to include but not limited to photo identification, birth certificates social security card, tribal identification, residency and income verification.
5. I am willing to provide any and all supporting documents and answer all application related inquiries in a timely manner.
6. I am not on a County cash assistance program (including Calworks and /or Foster Care)

Applicant Signature

Date

Witness Signature

Date

State of _____

County of _____