

Nome Eskimo Community General Assistance Application

Welfare Assistance

Direct Employment

****INCOMPLETE APPLICATION WILL NOT BE PROCESSED****

Applicant's Name: _____ Social Security #: _____

Maiden Name or other names used: _____ Date of Birth: _____

Mailing Address: _____ Physical Address: _____

Home Phone: _____ Message #: _____ Cell # _____

Marital Status: Single Married Separated Divorced Widowed

List ALL MEMBERS of the Household. Enter an asterisk (*) in the box at the left of the name for each person **NOT INCLUDED** in General Assistance application budget.

*	Name	Date at Birth	Relation to Head	Age	Sex	Social Security #	Enrollment (Village Tribe)	Monthly Income
			Self					

How many persons live in the house: _____ Adults _____ Children

Where do you live now? Own Home Rent House/Apartment Rent Room With Relatives With a Friend

Other (please explain): _____

Are you or any member of your household a shareholder in a Native Corporation? Yes No

If yes, list the name of household members and Corporation (s) here: (use backside of form if necessary)

Name	Native Corporation	# of Shares

RECORD OF INCOME & RESOURCES

All the information requested on this form is for the 30 days you submit this application. It is your responsibility to notify the Tribal Services office of any changes in your case after you submit your application. Any questions should be directed to the Tribal Services staff.

Does anyone in the house hold have income from any source? Yes No

If yes, list the name of household members, sources of income and amounts below

*****YOU ARE REQUIRED TO REPORT INCOME RECEIVED FROM THE FOLLOWING*****

SOURCE OF INCOME & RESOURCES	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1: Applicant's Income/Salary		
Salary #2: Spouse's Income/Salary		
Child support (member #04		
ATAP or TANF (State Assistance)		
APA – Adult Public Assistance		
Food Stamps		
Income Tax Return		
Social Security (SSA)		
Supplemental Security Income (SSI)		
Disability Insurance		
Alaska Permanent Fund Dividend		
Cash out of Retirement or Pension Plans		
State Longevity		
Veteran's Benefit		
Unemployment Insurance Benefits		
Workers Compensation		
Medicare/Medicaid		
Native Dividends		
Savings/Checking Account		
other		
TOTAL MONTHLY INCOME		

Applicants signature Date

Co-Applicant signature Date

List each household member's expenses he/she is responsible for paying. Blank rows are provided if any household member has expenses not listed so the information may be listed for the review in this assistance application.

Expense/ Bill	Monthly amount	Total Bill	Date due	Recipient of Expense
Rent/Mortgage				
Utilities (electricity, water, sewer, garbage)				
Heating (household fuel, oil)				
Food				
Telephone				
Transportation (for work)				
Child Care				
Child Support				
Clothing				
Household cleaning supplies/personal hygiene				
other				
TOTAL MONTHLY EXPENSE				

List account information and availability of funds; use the back page if more space is needed:
*****Bring in a copy of your full monthly bank statement for the last 2 months*****

Name of Bank or Financial Institution	Type of Account	Balance Available	Name(s) on Account
	Checking Savings Other		
	Checking Savings Other		

READ BEFORE SIGNING: I (We) apply for financial assistance for services for the listed members of my (our) household who are in need. I (We) have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. The Federal law concerning fraud states: "whoever, in any matter within 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 or uses any false writing documents, knowing the same to contain any false fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both. I (We) agree to supply information regarding resources and income and to notify the agency of any charges in my (our) situation. NEC Tribal Services is authorized to obtain information necessary to establish eligibility for assistance.

 Applicants Signature

 Date

 Co-Applicants Signature

 Date

Nome Eskimo Community

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program and will not be released to any other person or agency outside NEC. I understand that copies of this authorization will be as valid as the original and that this authorization will be valid for the remainder of the current calendar year from the signature date.

I understand that as needed, the space below will be utilized to submit written requests of verification from the appropriate business to process my application and complete a determination, and prior to NEC Tribal Services requesting verification I will be contacted and notified of what type of verification will be requested; however, if efforts to contact me are unsuccessful, the request will be made to expedite the processing of my application determination and staff will continue efforts to contact me until I am notified.

Printed Name

Social Security Number

Signature

Date

Nome Eskimo Community

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Printed Name

Social Security Number

Signature

Date

EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Employer Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applicant's Job Title: _____

Date of Hire: _____ Date of first check: _____ Amount of first check: _____

Hourly Salary: _____ Hours Per Week: _____ Pay Schedule: _____

Annual Gross Income: _____ Annual Net Income: _____

Monthly Gross Income: _____ Monthly Net Income: _____

Please indicate applicant's employment status:

Temporary – Full-time through (date) _____ Temporary – Part-time through (date) _____

Seasonal through (date) _____

Regular – Full-time Regular – Part-time Other: _____

Please describe the applicant's work schedule: _____

Has the employee been terminated? Yes No If yes, give reason. _____

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$ _____ Date of Final Pay: _____

Signature of Supervisor or Employer

Date

Please Complete and Return to:
NOME ESKIMO COMMUNITY
Tribal Services Program
P.O. Box 1090
Nome, AK 99762
Phone: (907) 443-2246 Fax: (907) 443-9144

Nome Eskimo Community
AUTHORIZATION FOR RELEASE OF INFORMATION

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Printed Name	Social Security Number
Signature	Date

LANDLORD VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

TENANTS RENTAL ADDRESS:

Name on lease: _____
Street address/apt #: _____
City: _____ State: _____ Zip: _____

Please Complete and Return to:

NOME ESKIMO COMMUNITY
Tribal Services Program
P.O. Box 1090
Nome, AK 99762

Phone: (907) 443-2246 Fax: (907) 443-9144

When did or can the tenant move into the apartment? _____
Deposit Amount: \$ _____ Monthly Rent Amount: \$ _____ Due Date: _____
Date payment made: _____ Amount paid: \$ _____ Amount due: \$ _____ For what month? _____
Does rent include Fuel? _____ Does rent include Electric? _____

LANDLORD/PAYMENT ADDRESS: (What's on your W9)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Signature of Landlord or Rental Office	Date
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Nome Eskimo Community
AUTHORIZATION FOR RELEASE OF INFORMATION

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Printed Name

Social Security Number

Signature

Date

DEPARTMENT OF PUBLIC ASSISTANCE

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Is the applicant eligible to apply for ATAP/TANF? Yes No

Did the applicant apply for ATAP/TANF? Yes No If yes, when is/was the interview date? _____

Has the applicant received any ATAP/TANF in the past month? Yes No
If yes, how much did they receive? _____
For what month? _____

Has the applicant's ATAP/TANF been reduced or terminated due to penalties? Yes No
If Yes; list reason(s): _____

Has the applicant been denied ATAP/TANF? Yes No
If yes, list reason(s) _____

Is the applicant eligible to reapply for ATAP/TANF? Yes No If no, list reason(s) _____

Has the applicant applied for Food Stamps? Yes No If yes; when is/was their interview date? _____
If yes, how much will/do they receive and for what month? _____

Has the applicant applied for General Assistance? Yes No If yes, how much will/do they receive? _____

Has the applicant applied for Adult Public Assistance? Yes No If yes, how much will/do they receive? _____

Print name of DPA case worker

Signature of DPA case worker

Date

Please Complete and Return to:

NOME ESKIMO COMMUNITY
Tribal Services Program
P.O. Box 1090, Nome, AK 99762
Any questions call,
(907) 443-2246 or Fax: (907) 443-9144

**Nome Eskimo Community
Tribal Services Program
PO Box 1090
Nome, Alaska 99762
Phone (907) 443-2246 FAX (907) 443-9144
Email:**

Dear Bering Straits Native Corporation/Sitnasuak, Inc.

The individual(s) listed below is applying for services from Nome Eskimo Community Welfare Assistance Program.

In order to complete the application process for the client, please complete the form below and fax back to our office with the number provided above.

A release of Information form signed by the client(s) is included with this form. **Your timely response is appreciated.**

Record of Native Corporation Dividends for the following individual(s) for the current year is requested:

Name: _____ SSN: _____

Name: _____ SSN: _____

(Use the 2nd line if there is a spouse/2nd countable adult household member.)

Date	Name	Amount

If more space is needed please attach a separate page or use the back of this form.

Printed Native Corporation Authorized Signature

Date

Signed Native Corporation Authorized Signature

**Nome Eskimo Community
Tribal Services Program
WORK SEARCH/WORK RELATED ACTIVITY SHEET**

APPLICANT: AT LEAST (4) FOUR JOB SEARCH OR JOB RELATED ACTIVIES MUST BE TURNED IN TO START THE PROCESS OF THE APPLICATION. If approved, you must complete (8) eight more job searches within the month you qualified for.

Employer: Please complete the form below for the applicant who is pursuing employment with your organization or business

Applicants Name: _____ SS#: _____ DOB: _____
Address: _____ Home Phone: _____

Work Search #1

Date: _____ Job Title: _____ Contact #: _____
Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature Employer/Supervisor printed Name

Comments: _____

Work Search #2

Date: _____ Job Title: _____ Contact #: _____
Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature Employer/Supervisor printed Name

Comments: _____

Work Search #3

Date: _____ Job Title: _____ Contact #: _____
Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature Employer/Supervisor printed Name

Comments: _____

Work Search #4

Date: _____ Job Title: _____ Contact #: _____
Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature Employer/Supervisor printed Name

Comments: _____

Work Search #5

Date: _____ Job Title: _____ Contact #: _____
Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature

Employer/Supervisor printed Name

Comments: _____

Work Search #6

Date: _____ Job Title: _____ Contact #: _____
Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature

Employer/Supervisor printed Name

Comments: _____

Work Search #7

Date: _____ Job Title: _____ contact # _____
Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature

Employer/Supervisor printed Name

Comments: _____

Work Search #8

Date: _____ Job Title: _____ Contact #: _____
Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature

Employer/Supervisor printed Name

Comments: _____

Work Search #9

Date: _____ Job Title: _____ Contact #: _____

Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature
Comments: _____

Employer/Supervisor printed Name

Work Search #10

Date: _____ Job Title: _____ Contact #: _____

Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature
Comments: _____

Employer/Supervisor printed Name

Work Search #11

Date: _____ Job Title: _____ Contact: _____

Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature
Comments: _____

Employer/Supervisor printed Name

Work Search #12

Date: _____ Job Title: _____ Contact #: _____

Employer or Business Name: _____

Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for a Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer/Supervisor Signature
Comments: _____

Employer/Supervisor printed Name