

2. Have you, or a household member, ever applied for, or received, TANF assistance? No Yes
If YES: From which State/Tribe? _____ For how long? From: _____ to _____

3. 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? _____

4. Are you, or any household member, currently on Probation or Parole? No Yes
If YES, are you, or the household member complying with the conditions of the Probation or Parole? No Yes

5. Do you, or any household member, currently have a warrant for your, or their, arrest? No Yes
If YES, who? _____ For what? _____ Where? _____

6. Is anyone in your household attending school (including university, college, or trade school)? No Yes **If YES,** complete below:

Student's Name	School Name and Address	Last Grade Completed	ATTENDING	
			Full Time	Part Time

7. Has anyone in your household applied for, or is currently receiving income from, any of the following sources?

Type of Income	Receiving?			Who is the Recipient?	Amount Received?	Received how Often? (Monthly, Bi-weekly, Weekly)	
	Yes	No	Pending				
Child Support Payments							
SSB: Retirement, Survivors, Disability							
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							
Other							

8. Are you or anyone in your household currently self-employed? No Yes **If YES, complete the following:**

Name	Type of Employment/Business Name	How Long?	Hours per Week	Monthly Gross Income	Monthly Business Expenses

9. Is anyone in your household currently employed by others? No Yes **If YES, complete the following:**

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

10. Do you, or anyone in your household, have a bank account? No Yes **If YES, complete the following:**

Type of Account	Name on Account	Financial Institution	Current Balance
Checking Account			
Savings Account			

11. Do you, or anyone in your household, 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: _____

12. Does anyone in your family receive SNAP (Food Stamps)? No Yes

If YES, from which State/County: _____ **Monthly Benefit Amount:** \$ _____

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

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

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

15. Do you or anyone in your household have: Medicaid Medicare AZ AHCCCS Other Medical Coverage: _____

If YES, from which State/County? AZ NM Utah County: _____

ACKNOWLEDGEMENT / CERTIFICATION SHEET

INITIAL(S)	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 sign)
___/___	CUSTOMER RESPONSIBILITY: I understand and acknowledge I am responsible for providing complete and accurate information, reporting all the changes that may affect my eligibility for DSR assistance within five (5) business days after the change occurs, and cooperating with DSR staff, including, if necessary, investigations.
___/___	PERSONAL RESPONSIBILITY PLAN: I understand I am required to develop a “Personal Responsibility Plan” (PRP) within thirty (30) days after approval for DSR assistance, comply with the provisions outlined in my PRP, and review my PRP with my assigned DSR staff at least once every four (4) months.
___/___	WORK PARTICIPATION HOURS (WPH) REQUIREMENTS: I understand adults included in a DSR assistance benefit group are required to participate in authorized work activities for a minimum number of hours each month. I understand that, if I am required to meet WPH requirements and do not meet the minimum hours, I will be subject to penalty. The types of work activities that are countable and the minimum number of hours I must participate have been explained to me.
___/___	FAIR HEARING RIGHTS: I understand if I do not agree with a decision made on my application or assistance case, I have a right to appeal the decision by submitting a Request for Appeal Hearing within twenty (20) business days from the postmark date on the notice.
___/___	CONFIDENTIALITY: I understand information obtained to determine my eligibility is confidential and, in compliance with the Navajo Nation Privacy and Access to Information Act, may not be released to a third party, unless I sign a Notarized Release of Information form authorizing the release of information I have provided to the third party.
___/___	RELEASE OF INFORMATION: I authorize DSR to contact any other agency to obtain information necessary to determine my benefit group’s eligibility for DSR assistance/benefits. I also authorize DSR to access my information stored in the DSR data base to verify information I have provided and to prevent duplication of assistance.
___/___	FRAUD PENALTIES: I understand if I intentionally provide false information, or withhold information, in order to make my benefit group eligible for DSR assistance or benefits we would otherwise be ineligible to receive, I and all members of my benefit group may be disqualified from receiving DSR assistance and benefits and required to repay any payments I was not eligible to receive. In addition, I may be subject to criminal penalties under applicable tribal, state, or federal laws.
___/___	PAYMENT ERRORS: 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. If I receive a payment for more or less than I was eligible to receive, I will immediately report this to the DSR. I understand I will be responsible for repaying the amount I was not eligible to receive.

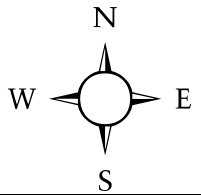
SIGNATURES

Head of Household’s Signature	Print Name	Date
Spouse’s Signature (Two-Parent Application)	Print Name	Date

FOR OFFICE USE ONLY

APPLICATION DATE: ___/___/___	INTERVIEW DATE: ___/___/___	APPROVAL DATE: ___/___/___	EFFECTIVE DATE: ___/___/___
APPLICATION TYPE: <input type="checkbox"/> New Application <input type="checkbox"/> Application for Continued Assistance	CASE TYPE: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Child Only		
Interviewer’s Signature	Title	Date	

DRAW A MAP TO YOUR RESIDENCE (Identify landmark sites, mile posts, location of significant buildings / structures, major roads. Indicate miles and directions.)



How many miles is your home from the DSR Office: _____