



Lower Elwha Klallam Tribe
3080 Lower Elwha Road, Port Angeles, WA 98363
Phone: 360.565.7257 • Fax: 360.457.8429

REQUIRED DOCUMENTATION FOR TANF APPLICATION

WHEN YOU COME IN FOR YOUR TANF APPOINTMENT PLEASE BRING WITH YOU THE FOLLOWING DOCUMENTATION:

1. **Social Security Cards** for all members of your household applying for services.
2. **Birth Certificates** for all members of your household applying for services.
3. **Tribal Identification** for enrolled members of your household applying for services. If Tribal Identification is not available, then we will need a **letter** from your tribal enrollment officer verifying that you are eligible to be enrolled and are in the process of becoming enrolled.
4. If you or any of your family members are receiving **Social Security Benefits**, we will need a copy of the amount of benefits received each month.
5. If there is a **Child Support Enforcement** order in place, please provide us with a copy of the order.
6. Please provide any documentation of services you may receive from Washington State, such as **Basic Food, Medical and/or Child Care Assistance**.
7. If any adult is currently attending school, please provide a copy of **registration**.
8. If you own any vehicles, we will need a copy of your **Car Registration/Title, Auto Insurance** and a current **Driver's License**.
9. If there are any **legal issues** that a member of the family is dealing with, please bring in all paperwork that pertains to the issues.
10. If there are any **medical conditions** that will affect your ability to obtain work please provide your case manager with information from your doctor.
11. If you are currently receiving **Alcohol and Drug Treatment**, please bring in your treatment plan or recommendations from your counselor.
12. A **Landlord Statement** must be filled out and signed by your current landlord. The landlord statement is attached to the back of this application.



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TANF APPLICATION

Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Cell Phone: _____

Marital Status: Single Married Divorced Separated Widowed

HOUSEHOLD COMPOSITION: List all household members whom you are applying for must be identified:

NAME	Birth Date	SSN	Tribal Affiliation & Enrollment #	Relationship to HOH
				SELF

I am applying for the following services **TANF** **TANF/RELATIVE** **Diversion Services**

High School Diploma GED Highest Grade Completed: _____

I or someone in my household (check all that apply):

Is receiving money: Child support S.S.I. Gaming Other income: _____

Name: _____ Amount: _____ When received: _____

Is pregnant: _____ Due date: _____ **Please provide proof of pregnancy**

Recently lost a job: _____ When: _____

Please provide documentation of loss of employment. Please provide documentation of unemployment history.

By signing this, I agree that all of the information provided is accurate and complete to the best of my knowledge.

Signature

Date



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LANDLORD STATEMENT FORM

PLEASE HAVE YOUR LANDLORD COMPLETE AND SIGN THIS FORM

Tenant Name: _____

Tenant Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____

HOUSEHOLD COMPOSITION: List all household members whom you are applying for must be identified:

NAME	Birth Date	Relationship to HOH

Date moved in: _____ Monthly Rent \$: _____ Client Amount \$ _____

Rent includes the following:

Electricity Garbage Propane/Fuel Water Other: _____

Main heating source is: Electric Wood Propane Other: _____

Landlord Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone/Fax: _____

 Signature of Landlord

 Date