



## PETERSBURG INDIAN ASSOCIATION

Dear General Assistance Applicant:

In order to determine your eligibility for General Assistance you must be Alaska Native or American Indian and enrolled in a Federally Recognized Tribe or have a Certificate of Degree of Indian Blood (CDIB) issued by the Bureau of Indian Affairs. You must live within the Petersburg Indian Association service area and submit a completed General Assistance application which includes the following:

- ☐ Completed General Assistance Application with all questions/sections answered or filled out properly. If a question or section does not apply to you, write "Not Applicable or N/A".  
**Applications not filled out properly or entirely will not be processed.**
- ☐ Proof of Tribal enrollment for all countable household members.
- ☐ Government issued photo identification for all countable adult household members.
- ☐ Proof of residency in Petersburg Indian Association's service area.
- ☐ Proof of *ALL INCOME* (earned and unearned) which must also include bank statement(s) for all countable household members for the month in which you are applying for assistance.
- ☐ If currently employed, provide an *Employment Proof* form signed by your employer.
- ☐ If unemployed provide completed *Work Search/Work Related Activity* Sheets for each countable employable adult household member.
- ☐ Provide copies of your most recent statements/invoices (bills) and receipts showing payments made for all shelter and utility costs that apply to your household. Shelter/Utility bills must be in applicant/spouse's name.
- ☐ If you have children you must provide proof that you have applied for ATAP/TANF and if you are not eligible for ATAP/TANF you must provide proof of denial.
- ☐ If applicable, provide proof of guardianship of non-biological children in your custody, (i.e. grandchild, niece/nephew, etc.).
- ☐ Birth Certificates for all countable minor dependent children in the household.
- ☐ Other documentation to determine eligibility or exemption from General Assistance requirements (i.e., medical, disability, social security status, etc.).

A decision will be made within 30 days of your application date and you will be notified in writing within 45 days of your application date. If you are eligible and employable you will need to schedule an appointment with me to develop an *Individual Self-Sufficiency Plan (ISP)* before payment can be made. If you are eligible and unemployable with a verified medical excuse from work/work activity, you will need to schedule an appointment with me to develop a *Case Plan* before payment can be made.

You will be required to apply for other financial assistance programs- State, Federal, or Tribal for which you are eligible. However, if you are currently receiving ATAP/TANF, Adult Public Assistance, Disability or any other State, Federal or Tribal financial assistance you may be determined ineligible for General Assistance per the federal regulations.

If you have any questions or concerns regarding the General Assistance application process, please call me at 907-772-3636.

Sincerely,

Rachelle Larson  
General Assistance Case Worker



PETERSBURG INDIAN ASSOCIATION  
Po Box 1410  
15 N. 12<sup>th</sup> Street  
Petersburg, AK 99833  
Phone: 907-772-3636

## APPLICATION FOR GENERAL ASSISTANCE

Social Security

Name: \_\_\_\_\_

#: \_\_\_\_\_

Maiden Name or  
Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box or Street Address City State Zip

Physical Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone#: \_\_\_\_\_ Message  
Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

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	Relation to Head	Date of Birth	Sex	List Which Tribe A Member	Monthly Income

How many persons live in the house: \_\_\_\_\_ Adults \_\_\_\_\_ Children

Type of service applying for: ☐ General Assistance ☐ Emergency \* for home burnout, flooding

Where do you live now? ☐ Own Home ☐ Rent House/Apartment ☐ Rent Room  
☐ With Relatives ☐ With Friend(s) ☐ Other: \_\_\_\_\_

### Native Dividends

Are you or any member of your household a shareholder in a Native Corporation?

☐ Yes ☐ No

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

MEMBERS OF HOUSEHOLD WHO OWN SHARES IN A NATIVE CORPORATION		
Name	Native Corporation	# Shares Owned

### Temporary Assistance for Needy Families (TANF)

Have you received TANF in the last month: ☐ Yes ☐ No

If yes, how much: \$ \_\_\_\_\_

Has your ATAP/TANF been reduced due to penalties: ☐ Yes ☐ No

Have you been terminated from ATAP/TANF: ☐ Yes ☐ No

Date of termination: \_\_\_\_\_

Have you been determined ineligible for ATAP/TANF: ☐ Yes ☐ No

Have you been denied ATAP/TANF: ☐ Yes ☐ No

Date able to reapply: \_\_\_\_\_

What TANF office did you receive assistance from:

Please list: \_\_\_\_\_

EXPLAIN FULLY, how you have supported yourself during the past three(3) months and what has changed in your situation to cause you to apply for assistance. Failure to complete this section will render this application incomplete & therefore will not be processed.

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Do you have an Individual Indian Money (IIM) account? ☐ Yes ☐ No or Don't Know

## Record of Income and Resources

Does anyone in your household have income from any source?

☐ Yes

☐ No

If yes, list the name of household member(s), source of income and amounts below.

Source of Income & Resources	Amount	Name of Household Member
Salary #1: Applicant's Income/Salary	\$	
Salary #2: Spouse's Income/Salary	\$	
STATE ASSISTANCE		
Adult Public Assistance	\$	
Food Stamps	\$	
General Relief	\$	
Heating Assistance	\$	
Senior Benefits	\$	
Alaska State Permanent Fund (PFD)	\$	
Alaska Temporary Assistance Program (ATAP) aka Temporary Assistance for Needy Families (TANF)	\$	
Child Support and Alimony	\$	
Foster Care Payments	\$	
Medicaid	\$	
Unemployment Insurance Benefits	\$	
SOCIAL SECURITY		
Disability Insurance (SSDI)	\$	
Supplemental Security Income (SSI)	\$	
Retirement	\$	
Survivor Benefits	\$	
NATIVE CORPORATION DIVIDENDS		
Applicant	\$	
Applicant Spouse	\$	
Applicant Minor Children	\$	
FEDERAL ASSISTANCE		
Veteran's Benefit	\$	
Worker's Compensation	\$	
Other	\$	
OTHER INCOME		
Bingo or Pull-tab Winnings	\$	
Cashouts of Retirement or Pension Plans	\$	
Student Loans/Grants/Scholarships	\$	
Tips or Gratuities	\$	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	

### Monthly Shelter Costs

\*\*\*PROVIDE RECEIPTS FOR THE CURRENT MONTH\*\*\*

Rent	\$	Telephone	\$
Space Rent	\$	Water	\$
Mortgage Payment	\$	Sewer	\$
Electricity	\$	Household Oil/Fuel/Wood	\$
Heating	\$	Other	\$

#### **READ BEFORE SIGNING**

I/We apply for financial assistance 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.

Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. §1001, the Federal Law concerning fraud which carries a fine of not more than \$10,000 or imprisonment of not more than five years or both.

**Initials of applicant:** \_\_\_\_\_

I(We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. **Release of Information:** Tribal Social Services is authorized to obtain/exchange information necessary to establish eligibility for assistance. I (We) have read, or had explained to me/us, the provisions of our protection under the Paperwork Reduction Act and the Privacy Act.

**Initials of applicant:** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

#### \*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Date Application Received: \_\_\_\_\_

Application Received By: \_\_\_\_\_

DECISION OF APPLICATION: ☐ Approved

☐ Denied

Date: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PETERSBURG INDIAN ASSOCIATION**

**PO Box 1410**

**15 N. 12<sup>th</sup> Street**

**Petersburg, AK 99833**

**Phone: 907-772-3636**

**Fax: 907-772-3637**

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of information requested by the Petersburg Indian Association, General Assistance Program. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person or agency outside the General Assistance Program or its agents. I hereby authorize the Petersburg Indian Association to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related activities. **This release of information shall be in effect while I am an applicant or recipient of General Assistance, and for any later inquiries pertaining to my eligibility and receipt of General Assistance benefits.**

Persons or organizations that may be contacted include, but are not limited to: the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Regional Housing Authorities, Social Security Administration, local and tribal governments, State of Alaska ATAP, Tribal TANF or other public assistance program contractors and grantees, health care providers, tax assessors, banks and credit unions, Native corporations, landlords (including family/friends who are renting to applicant), employers, school authorities, and all departments and programs administered by the Petersburg Indian Association.

**FRAUD NOTICE:** Under 18 U.S.C. §1001, 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 or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

**A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of Witness is signed with an "X"

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness is signed with an "X"

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Witness Signature

\_\_\_\_\_  
Date of Applicant Signature