



CALIFORNIA TRIBAL TANF PARTNERSHIP

MONTHLY ELIGIBILITY REPORT (MER)

THIS REPORT IS FOR THE MONTH OF:
(Month/Year)

NAME:

CIF NUMBER:

- **Complete, sign and return this report by 10th of the month, otherwise no cash grant will be processed for payment.**
- You must report within **5 days** any change that may affect your eligibility for the amount of your cash aid.
- Answer for everyone on cash assistance, including children, parents, step-parents, your spouse.
- Facts you report may result in your benefits increasing, decreasing or being stopped.

1) Did anyone receive (earn) money from a job or training program? __ YES __ NO
 • If "YES" complete below. Include tips, vacation pay or income in kind, such as earned housing. List net amounts.
Attach pay stubs or other proof of earnings.
If self-employed: Attach proof of income. If you claim actual expenses, list business expenses on a separate sheet of paper and **attach proof** of expenses.

Who received Income?	Employer's Name	Net Amount	\$	\$	\$	\$	\$
	Job Training	Actual Date Received					
Who received Income?	Employer's Name	Net Amount	\$	\$	\$	\$	\$
	Job Training	Actual Date Received					

2) Did anyone receive money or benefits from any other source (unearned)? __ YES __ NO
 Include: Per Capita and/or RSTF, one time lump sum, Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, such as Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, State Disability Indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. If "YES", complete below. **Attach proof.**

Who received Income?	Source of income	Net Amount	\$	\$	\$	\$	\$
		Date Received					
Who received Income?	Source of income	Net Amount	\$	\$	\$	\$	\$
		Date Received					

3) Did you or any member of your TANF household have any Cash Resources for the month?

Checking Account	YES NO	Amount \$	Attach Current Bank Statement
Savings Account	YES NO	Amount \$	Attach Current Bank Statement
Cash on Hand	YES NO	Amount \$	

4) Did anyone in your TANF household receive any of the following for the month? __ YES __ NO
Check all that apply

__ Food Stamps	__ Medi-Cal/Medical Assistance	__ Other
__ Subsidized Child Care	__ HUD/Section 8	

Name of Person Receiving	Value of Resources/Benefits	Date Received

5) Is any member in the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? __ YES __ NO

If "YES", who: _____

6) Has any member of the household been convicted of a drug related felony for possession, use, or distribution of a controlled substance(s)? If "YES", complete below: YES NO				
Full Name of Person	Date of Arrest	Arresting Agency	Date of Felony Conviction	Conviction Was For (check one)
				<input type="checkbox"/> Use <input type="checkbox"/> Possession <input type="checkbox"/> Distribution <input type="checkbox"/> Other (explain) _____

7) Did anyone move into or out of your home, or did you move in with someone else? Include: newborns; temporary absences; deceased, entered or left a hospital, etc. If "YES", complete below: YES NO			
Full Name of Person	Relationship To You	Explain What Changed	Date of Change

8) Does anyone have anything else to report? Include expected changes. Attach proof, including any costs. If "YES", complete below: YES NO			
<ul style="list-style-type: none"> ▪ Income: Starts, changes or stops. ▪ Insurance: Start, stop or change life, dental or health. ▪ Job/Training: Starts, stops, quit, refuse a job or training, change in hours. ▪ School-Age 16 or Older: Start or stop school or college. Costs for tuition school transportation, etc. ▪ School- Ages 6 through 17: Stop or start attending school regularly. 		<ul style="list-style-type: none"> ▪ Babies: Become pregnant, have a baby, miscarry or terminate. ▪ Marital: Marry, divorce, or separate. ▪ Checking/Savings: Open/close a checking or savings account. ▪ Property: Buy, sell, trade, or give away, or get a motor vehicle, home, land, etc. (personal or business) ▪ Disability: Become disabled or recover from a disability. ▪ Any criminal Convictions/Arrests 	
Full Name of Person	Relationship To You	Explain What Changed	Date of Change
Full Name of Person	Relationship To You	Explain What Changed	Date of Change

ADDRESS CHANGE Fill in this section only if you have moved or have a new mailing address. Attach proof.			
NEW HOME ADDRESS (NUMBER, STREET, AVENUE, BLVD. ETC.) APT. NO. CITY STATE ZIP			NEW PHONE NUMBER
			()
DATE MOVED	NEW MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY STATE ZIP	

CERTIFICATION

I UNDERSTAND THAT:

- I must contact my caseworker within 5 days of any changes in my household.
- Facts I report may result in an increase, decrease, or termination of assistance. If I knowingly give false facts or do not report changes in order to continue receiving assistance or benefits my assistance or benefits will be terminated.
- Payments may be delayed or terminated because of an incomplete or late MER.
- If knowingly and willfully give false information about my income, property, or family status to receive or continue receiving cash assistance benefits, I can be legally prosecuted. I may be charged with committing a felony if more than \$400.00 in cash aid is wrongfully paid out. I understand that the penalties for welfare fraud can be up to \$10,000 dollars and/or three years in prison. Conviction or proof of welfare fraud will also result in the discontinuance of future aid from the California Tribal TANF Partnership.

YOU MUST SIGN AND DATE THIS REPORT AND ATTACH ALL VERIFICATION OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct.

Signature or Mark	Date Signed	Home Phone	Contact Phone
Signature of Spouse or Other Parent of Cash Aided Child(ren)	Date Signed	Home Phone	Contact Phone

