



**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 10<sup>th</sup> 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 \$	<b>Attach Current Bank Statement</b>
Savings Account	YES NO	Amount \$	<b>Attach Current Bank Statement</b>
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: \_\_\_\_\_

<b>6) Has any member of the household been <u>convicted</u> of a drug related felony for possession, use, or distribution of a controlled substance(s)? If "YES", complete below:</b> <span style="float: right;"><u>YES</u> <u>NO</u></span>				
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) _____

<b>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:</b> <span style="float: right;"><u>YES</u> <u>NO</u></span>			
Full Name of Person	Relationship To You	Explain What Changed	Date of Change

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

<b>ADDRESS CHANGE Fill in this section only if you have moved or have a new mailing address. Attach proof.</b>			
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	

<b>CERTIFICATION</b>
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**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 th an \$400.00 in cash aid is wrongfull y 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

