



# KANA Temporary Assistance for Needy Families

## Monthly Eligibility Report

KODIAK AREA NATIVE ASSOCIATION *Empowering families to become self-sufficient*

**PLEASE COMPLETE, SIGN, AND RETURN THIS REPORT BY THE 10TH OF EACH MONTH**

Participant Name

Reporting Month

### **MONTHLY INCOME STATEMENT:**

- Has anyone in your household received money or assistance other than TANF?  Yes  No
  - Examples: Employment, unemployment benefits, sale of resources, PFD, tax return, food stamps, Sun'aq Tribe of Kodiak, Brother Francis Shelter, Native Corporation Dividend.
  - If yes, please specify the information below. List gross amounts (amount before taxes). If self-employed: attach proof of income. Please provide proof of all income, earned and unearned, with pay stubs or bank statements.*

Who Received Income:	Source:	Date Received:	Gross Amount:

### **HOUSEHOLD CHANGES AND UPDATES:** *(please include expected changes)*

- Has there been any significant changes in your household?  Yes  No
  - Examples: Income change, employment start or stop, someone moved in or out, address or phone number change, new pregnancy or birth.

*If yes, specify the information below.*

Name:	Change That Occurred:	Date of Change:



