



PECHANGA BAND OF LUISEÑO INDIANS TRIBAL TANF

Your Name:	Birth Date:	CIF:
Home Phone: ()	Residential address, City, State, and Zip Code:	
Tribal Affiliation:	Mailing Address (if different), City, State, and Zip Code:	

Request Type: **Supportive Service** **Emergency** **Diversion** **Transitional** **Incentive**

Explain reason for your need/request: _____

Explain how you will ensure this does not reoccur: _____

Have you applied for or received any other resources/assistance for your request: Yes No If Yes, please explain: _____

TANF Work Activities are you currently attending: Classes School Job Searching Employed Intern/Extern Other

Purpose of Emergency Services (Check all that apply): Utility Assistance Housing Bedding Car Repairs Stove
 Refrigerator Other

Purpose of Supportive Services (Check all that apply):

Educational Expenses Employment Related Expense Educational Loan Childcare Mileage Reimbursement
 Removal of a Barrier to Obtain a License Vision/Dental Other

Is there a due date for the request? If yes, please indicate: _____

Please describe below what you are requesting:

Item Request _____ Amount \$ _____

Item Request _____ Amount \$ _____

Item Request _____ Amount \$ _____

Total Amount Requested \$ _____

VENDOR INFORMATION:

W-9 Attached Yes No Backup Attached Yes No (3) Quotes Attached Yes No
(If applicable complete below for the vendor who will be providing services)

Vendor Name: _____ Phone Number: (____) _____

Address: _____ City, State, Zip: _____

EMPLOYMENT AND INCOME:

Are you employed? Yes No Are you self employed? Yes No Full Time Part Time

Name of Employer/Training: _____

Monthly Income: Gross Pay \$ _____ Net Pay \$ _____ Tips \$ _____ Deductions: _____

Pay Schedule: Weekly Bi-Weekly Monthly Other _____

Do you receive any of the following?

Child Support Yes No \$ _____ Disability Yes No \$ _____
Social Security Yes No \$ _____ Death Benefits Yes No \$ _____
Unemployment Yes No \$ _____ Retirement Yes No \$ _____

INCOME TOTAL \$ _____

EXPENSES (Check all that apply)

HOUSING

Own Rent Subsidized Tribal Housing \$ _____

UTILITIES/OTHER EXPENSES

Electricity Yes No \$ _____ Heat/Gas Yes No \$ _____
Telephone Yes No \$ _____ Medical Yes No \$ _____

TRANSPORTATION

Car payments Yes No \$ _____ Insurance Yes No \$ _____
Maintenance Yes No \$ _____ Gas Yes No \$ _____

OTHER

Clothing \$ _____ Food \$ _____ Loans \$ _____ Credit Cards \$ _____

EXPENSE TOTAL \$ _____

I understand that if I do not fulfill my obligation for my request, a reduction of my Cash Aid may be imposed.

I understand that I am to return the receipts to the Case Worker within 10 business days or I will have to repay the amount requested.

By signing below, I declare that under Penalty of Perjury the foregoing statements above are true and correct.

Signature of TANF Client :	Date:
PTTP Caseworker:	Date: