REQUIRED DOCUMENTATION FOR
GENERAL ASSISTANCE (GA) APPLICATION

WHEN YOU COME IN FOR YOUR TANF APPOINTMENT PLEASE BRING WITH YOU THE FOLLOWING DOCUMENTATION:

1. **Social Security Cards** for all members of your household applying for services.

2. **Birth Certificates** for all members of your household applying for services.

3. **Tribal Identification** for enrolled members of your household applying for services. If Tribal Identification is not available, then we will need a letter from your tribal enrollment officer verifying that you are eligible to be enrolled and are in the process of becoming enrolled.

4. If you or any of your family members are receiving **Social Security Benefits**, we will need a copy of the amount of benefits received each month.

5. If there is a **Child Support Enforcement** order in place, please provide us with a copy of the order.

6. Please provide any documentation of services you may receive from Washington State, such as **Basic Food, Medical and/or Child Care Assistance**.

7. If any adult is currently attending school, please provide a copy of registration.

8. If you own any vehicles, we will need a copy of your **Car Registration/Title, Auto Insurance** and a current **Driver’s License**.

9. If there are any **legal issues** that a member of the family is dealing with, please bring in all paperwork that pertains to the issues.

10. If there are any **medical conditions** that will affect your ability to obtain work please provide your case manager with information from your doctor.

11. If you are currently receiving **Alcohol and Drug Treatment**, please bring in your treatment plan or recommendations from your counselor.

12. A **Landlord Statement** must be filled out and signed by your current landlord. The landlord statement is attached to the back of this application.

13. Proof of **all income** coming in to the home.

14. Provide a copy of **DSHS State Denial Letter** before time of appointment.

Please make sure all documentation listed above is turned in on or before the scheduled appointment, as the application is not able to be processed without ALL documents.
GENERAL ASSISTANCE G.A. APPLICATION

Name: ____________________________________________________________

Mailing Address: __________________________________________________________________________________________________

Physical Address: __________________________________________________________________________________________________

Phone Number: ___________________________ Cell Phone: ___________________________

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

HOUSEHOLD COMPOSITION: List all household members whom you are applying for must be identified:

<table>
<thead>
<tr>
<th>NAME</th>
<th>Birth Date</th>
<th>SSN</th>
<th>Tribal Affiliation &amp; Enrollment #</th>
<th>Relationship to HOH</th>
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☐ High School Diploma ☐ GED ☐ Highest Grade Completed: __________

I or someone in my household (check all that apply):

Is receiving money: ☐ Child support ☐ S.S.I. ☐ Gaming ☐ Other income: __________

Name: ___________________________ Amount: __________ When received: __________

☐ Is pregnant: ______________________ Due date: __________ Please provide proof of pregnancy

☐ Recently lost a job: ______________________ When: ______________________

Please provide documentation of loss of employment. Please provide documentation of unemployment history.

By signing this I agree that all of the information provided is accurate and complete to the best of my knowledge.

_____________________________________________  _______________
Signature                                      Date
LANDLORD STATEMENT FORM

PLEASE HAVE YOUR LANDLORD COMPLETE AND SIGN THIS FORM

Tenant Name: __________________________________________________________

Tenant Mailing Address: _________________________________________________

City: ___________________ State: _____________ Zip: ___________

Home Phone: ___________________ Cell phone: ______________________

HOUSEHOLD COMPOSITION: List all household members whom you are applying for must be identified:

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Date moved in: __________ Monthly Rent $: __________ Client Amount $ __________

Rent includes the following:

- [ ] Electricity - [ ] Garbage - [ ] Propane/Fuel - [ ] Water - [ ] Other: __________

Main heating source is:  - [ ] Electric  - [ ] Wood  - [ ] Propane  - [ ] Other: __________

Landlord Name: __________________________________________________________

Mailing Address: _________________________________________________________

City: ___________________ State: _____________ Zip: ___________

Phone: ___________________ Phone/Fax: ______________________

Signature of Landlord ____________________________________________________

Date ____________________________________________________________________