

## TANF Application

Applicant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

**Complete the chart below for EVERYONE living in your home, including YOURSELF. (Use back of paper if more spaces are needed.)**

Name	Relationship to Applicant	Birth Date	Age	Social Security Number	Education (Last grade completed)	Employer's Name & Address or Child's School/Grade
1						
2						
3						
4						
5						
6						

Please check the appropriate Family Size below and fill in your Family's Gross Monthly Income:

Family Size	Family's Gross Monthly Income	200% Federal Poverty Level	Family Size	Family's Gross Monthly Income	200% Federal Poverty Level
1		1945	5		4652
2		2622	6		5329
3		3299	7		6005
4		3975	8		6682

**Please read this statement carefully and respond below:**

I reside in Perry County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job and Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation /parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states. I understand that this is a special program based on available funding, and an eligible determination does not guarantee that I will receive the product.

- I agree with the above statement (it is correct/true for me).  
 I disagree with the above statement (it is **not** correct/true for me).

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Staff Only

- Assistance Group is PRC-eligible.  
 Assistance Group is ineligible for PRC.

Eligibility Determiner: \_\_\_\_\_ Date: \_\_\_\_\_