

## EDUCATION, TRAINING AND EMPLOYMENT APPLICATION

Name:	Social Security #:
Address (Please Provide Proof of Residency):	Phone:

### HOUSEHOLD DATA:

Yourself and Household Members	Education Level	Age	Male or Female	Disabled	Veteran
1.					
2.					
3.					
4.					
5.					
6.					

### INCOME DATA: List all income from employment for the past three (3) months:

Date	Gross Monthly Income	Employer	Address

### REQUIRED PHOTOCOPIES WITH THIS APPLICATION:

1. **Certificate of Degree of Indian Blood (CDIB)** or your **Tribal Enrollment Card**.
2. Applicant's **Social Security Card**.
3. **Applicant's Income** To verify income a copy of paystub or employers statement of income for past 3 months may be requested.
4. **Verification of Residency** – Current utility bill with your name and address listed, or rent receipt with your name and address.
5. Applicant's **Drivers License**.

### Certification of Application

I certify that the information given is true and accurate to the best of my knowledge. I understand the information may be confirmed for review and verification. I also understand I can be subject to immediate termination if it is determined that I have falsified any information pertaining to this application and may be subject to prosecution for fraud and/or perjury. I will allow release of the information for verification purposes and understand it will be used to determine my eligibility.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

I Certify Eligibility (Signed by Counselor) \_\_\_\_\_ Date: \_\_\_\_\_