



APPLICATION FOR Temporary Assistance for Needy Families (TANF)

Return to: Department of Veterans Affairs

302 West Washington Street Room E120

Indianapolis, IN 46204-2738

Phone: 317-232-3910 Fax: 317-232-7721

Email: TANF@dva.in.gov

* This agency is requesting disclosure of your Social Security Number (SSN) in accordance with IC 4-1-8-1; disclosure is mandatory in order to process this form.

THIS APPLICATION MUST BE FILLED IN ELECTRONICALLY AND/ OR IN INK.

APPLICANT PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

SSN ____ - ____ - ____ Date of Birth ____ / ____ / ____ (mm/dd/yyyy) Marital Status _____ Race _____

Gender _____ No. of Dependants _____ Employment Status _____ Annual Household Income _____

Veteran Status/Branch/Years of Service (if applicable) _____ Referred by: _____

Address (number and street) _____

City _____ State _____ ZIP Code _____ - _____

Telephone (____) _____ - _____ Email _____

Reasons for needing assistance:

APPLICANT SIGNATURE _____ Date ____ / ____ / ____ (mm/dd/yyyy)

By signing this form you are verifying that the information you provided is true and accurate and you are able to provide proof of residency if requested. Knowingly falsifying information on this document or any document you submit with this application may be punishable under Indiana or federal law.

INSTRUCTIONS AND INFORMATION

Attach DD 214, dependent child(ren) birth certificate(s), and pay stubs from last 30 days. If unemployed, attach unemployment verification page showing last 30 day deposits. This form **must** be printed and filled out manually, signed and sent back to the office via mail or fax. Failure to submit all required documentation within 30 days from initial contact will result in closing of your case. If case is closed, application can be resubmitted.

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FOR IDVA USE – DO NOT ENTER ANY INFORMATION IN THE BOX BELOW.

IDVA SERVICE OFFICER VERIFICATION

APPLICANT **IS** ELIGIBLE

Marriage/Family Counseling

Marriage/Family Retreats

Counseling

Parenting Workshops

Vocational Training

Employment

APPLICANT **IS NOT** ELIGIBLE

Alternative Therapy

Self Development Training

Child Care

NOTES:

IDVA SIGNATURE _____ DATE ____ / ____ / ____ mm/dd/yyyy

Not valid without IDVA raised seal OR Stamp unless submitted electronically.