



Monthly Eligibility Report (MER)

NAME: _____

MONTH/YEAR: _____

Please complete, sign, date and return the MER. **If your MER is incomplete, a sanction will be imposed. If your MER is not received by the 10th of the month, your case will be closed.** Please print neatly.

1. UPDATE PERSONAL EVENTS:

Did anyone in your TANF household have any changes to report?

YES NO

If "YES," submit the Notice of Change form along with documentation of change.

2. EARNED INCOME:

Did anyone in your household earn money from Employment or Job Training?

YES NO

If "YES," complete below. List **GROSS** amounts (before deductions) and **ACTUAL** date received.

Attach Pay Stubs or Proof of Earnings.

| Head of Household | Source of Income | Date Received | Gross Amount |
|--------------------|------------------|---------------|--------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Spouse/Other Adult | Source of Income | Date Received | Gross Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

3. UNEARNED INCOME:

Did anyone in your household receive unearned income?

YES NO

If "YES," check all boxes that apply and **ATTACH PROOF.**

| Source of Income | Who Received? | Date Received | Gross Amount |
|--|---------------|---------------|--------------|
| <input type="checkbox"/> Child Support | | | \$ |
| | | | \$ |
| | | | \$ |
| <input type="checkbox"/> Spousal Support | | | \$ |
| | | | \$ |
| <input type="checkbox"/> Unemployment Ins. Benefits (UIB) | | | \$ |
| | | | \$ |
| <input type="checkbox"/> Social Security / SSI/ Disability | | | \$ |
| <input type="checkbox"/> Disability | | | \$ |
| <input type="checkbox"/> Per Capita / Revenue Sharing | | | \$ |
| <input type="checkbox"/> Cash Gifts / Tribal Gifts | | | \$ |
| <input type="checkbox"/> Casino / Lottery Winnings | | | \$ |
| <input type="checkbox"/> Grants / PELL or Scholarships | | | \$ |
| <input type="checkbox"/> Workman's Comp | | | \$ |
| <input type="checkbox"/> Tax Return / Earned Income Tax Credit | | | \$ |
| <input type="checkbox"/> Other: | | | \$ |

4. RESOURCES

Did anyone in the TANF household receive any Resources?

YES NO

| Resource Type | Who Received? | Value of Resource/Benefit |
|---|---------------|---------------------------|
| <input type="checkbox"/> Food Stamps (SNAP) | | \$ |

| Resource Type | Resource Type | Resource Type |
|--------------------------------------|--|--|
| <input type="checkbox"/> Commodities | <input type="checkbox"/> Medicaid/Medical Assistance | <input type="checkbox"/> Subsidized Child Care |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Subsidized Housing | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Other | | |

5. CASH ON HAND:

Did you or any member of your TANF household have any Cash Resources?

(Check all boxes that apply)

Checking Account

Yes No

Amount: _____

Savings Account

Yes No

Amount: _____

Cash On Hand

Yes No

Amount: _____

CERTIFICATION

- I must contact my Case Management Specialist within **10 days** of any changes in my household that may affect my eligibility.
- Facts I report may result in an increase, decrease, or termination of assistance. If I knowingly give false facts or do not report changes in order to continue receiving assistance it will result in an immediate suspension of benefits including, but not limited to, case closure, recoupment of monies, and legal prosecution for fraud.

I certify under penalty of perjury that all of the above information is true and complete. I understand that falsification of any information is grounds for termination from the Tribal TANF Program. **Must sign, date and submit on or after the last day of the month.**

| | |
|---------------------------------|-------------|
| Signature of Head of Household | Date Signed |
| Signature of Spouse/Other Adult | Date Signed |