

**Clermont County
Application for TANF Services**

Applicants Name: _____

Social Security #: _____

Case #: _____

- The applicant and all family members are residents of Clermont County or have an open/active CPS case? Yes No
- The applicant has a child under age 18. Yes No
- All family members are citizens or lawful aliens. Yes No (if no list who _____)

My family's gross family income is (list employer, gross pays for past 4 weeks and all types and amounts of unearned income i.e., child support, social security, unemployment compensation, workers' compensation) _____

Indicate the appropriate Family Size below and list the household members in the chart to your right. (Income is based on 200% of the Federal Poverty Level (FPL).

Family Size/Assistance Group # of Adults _____ # of Children _____	Monthly Income Limit for 200% FPL Parent
1	\$2,608.33
2	\$3,525.00
3	\$4,441.67
4	\$5,358.33
5	\$6,275.00
6	\$7,191.67
7	\$8,108.33
8	\$9,025.00

Name	Relationship to Applicant	Social Security #	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I am applying for TANF funded services. The information provided above is complete and correct to the best of my knowledge and belief.

Consumer's Signature	Date
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Agency Use Only

- Family is ineligible for TANF services due to the applicant's household income being over 200% of the FPL.
- Family is TANF eligible – all above questions are answered "Yes" and applicant's income is within 200% of the FPL.

Agency Representative	Date
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