

477 Application

YTT USE ONLY:

Date Application Received: _____ By: _____

Head of Household Name: _____ Other Names (maiden) _____

Address: _____ City: _____ State: _____ Zip: code _____

Phone: _____ Cell: _____ E-mail: _____

**For YTT Use Only
Required
Documentation**

HOUSEHOLD INFORMATION

1	Name of all other Persons who live with you.	Person's relationship to head of household	Date of Birth	Social Security Number	Has person received any Income In past 12 mos.?		Is this person disabled?		CIB/ Tribal Enrollment	Income Verified	Birth Certificate on file	Social Security Card on file
					Yes	No	Yes	No				
1												
2												
3												
4												
5												
6												

CLIENT CHARACTERISTICS

Education Status: Highest Grade completed ____ High School Graduate/year ____ GED/year ____

Labor Force Status: Unemployed ____ # of weeks ____ Employed ____

Last hourly wage 30 days prior \$ ____ Medical Disability ____ Veteran ____

Men 18-25: Selective Service # ____

Have you ever been convicted of a misdemeanor or felony? Yes ____ No ____

EMPLOYMENT & TRAINING HISTORY

Previous TRAINING & EDUCATION:

School Attended: _____ Major Course of Study: _____

Dates Attended: From _____ To _____ Graduation Date _____ Degree or Certificate _____

School Attended: _____ Major Course of Study: _____

Dates Attended: From _____ To _____ Graduation Date _____ Degree or Certificate _____

School Attended: _____ Major Course of Study: _____

Dates Attended: From _____ To _____ Graduation Date _____ Degree or Certificate _____

JOB HISTORY

Please give specific details about the work you did and the duties you performed. The information you give will be used to create your resume. List most recent job first.

1. Job Title: _____ Dates of Employment: From _____ To: _____
Company: _____ Supervisor: _____ Phone _____
Address: _____ City/State _____ ZIP _____
Duties/Responsibilities: _____

Type of equipment used/operated: _____

Reason for leaving: _____

2. Job Title: _____ Dates of Employment: From _____ To: _____
Company: _____ Supervisor: _____ Phone _____
Address: _____ City/State _____ ZIP _____
Duties/Responsibilities: _____

Type of equipment used/operated: _____

Reason for leaving: _____

3. Job Title: _____ Dates of Employment: From _____ To: _____
Company: _____ Supervisor: _____ Phone _____
Address: _____ City/State _____ ZIP _____
Duties/Responsibilities: _____

Type of equipment used/operated: _____

Reason for leaving: _____

Client Signature

Date

477 RELEASE OF INFORMATION

I hereby authorize, the Yakutat Tlingit Tribe's 477 Program to obtain information related to my application to participate in the program. I hereby disseminate employment and educational information to potential employers for the purpose of assisting me in obtaining assistance, training, education or employment.

PLEASE CHECK THE BOX(ES) YOU DON'T WANT YTT TO CORRESPOND WITH:			
	ALASKA PUBLIC ASSISTANCE		TRIBAL ENROLLMENT
	• TANF Benefits		• Enrollment # /blood quantum
	• Medicare		• Certificate of Indian Blood (CIB)
	• Energy Assistance		• Bureau of Vital Statistics
	• Women, Infant and Children		
	• Child Support		INCOME
			• Wages
	ADULT PUBLIC ASSISTANCE		• Commercial Fishing income
	• Medicaid		• Bank Statements
	• Longevity Bonus		• Stocks and Bonds
	• Social Security Benefits		• Native Dividends
	• Veterans Administration		• Alaska Permanent Fund Dividend
	• Medical Records (disability)		• Workers Compensation
			• Retirement Income
	UNEMPLOYMENT INSURANCE		• IRS Income tax statements
	• Benefits		• Child Support Payments
	EDUCATION		HOUSEHOLD EXPENSES
	• School Grades/Progress Report		• Utility costs
	• GED		• Rent/house payments
	• College /Voc. School Transcripts		• City Assessments
	• College / Voc. School Registration		• Property Taxes
	• College/Voc. School Financial Aide		

Applicant Printed Name

Guardian Printed Name

Applicant Social Security Number

Guardian Social Security Number

Applicant Signature

Date

Guardian Signature

Date

This Release of Information is valid for one year from the date signed but I may revoke this consent by written notice at any time.

477 Program Certification

I _____ certify that the information given
(Name of Applicant)

on this application is true and correct to the best of my knowledge. I understand that this information may be confirmed. Any State, Federal or Local Agency, or former employer is free to release information about me regarding this application. I understand that if I have deliberately given false information, I may receive a \$10,000.00 fine or imprisonment for not more than two years, or both.

Applicant Signature

Date

Guardian Signature

Date