



**YAVAPAI-APACHE NATION**  
**Food Bank Participant Application**  
 2400 W. Datsi Street  
 Camp Verde AZ 86322  
 Telephone: (928) 649-7125 Fax: (928) 567-5452  
 Email: lwelch@yan-tribe.org



**DOCUMENTATION YOU WILL NEED TO ATTACH TO YOUR FOOD BANK PARTICIPANT APPLICATION**

- > Verification of all earned and unearned income wages, salaries, tips or commissions from any type of work, whether full or part-time, temporary, seasonal, self-employment, monthly, or training. Attach copies of most current two paycheck stubs. If self-employed, please submit a monthly record of all earnings. If you or anyone in your household recently obtained employment and have not received your first paycheck or have only received one paycheck, please attach a correspondence from employer verifying full or part-time employment. Correspondence must include date of hire, hours worked per pay period and weekly or bi-weekly net pay. Correspondence must be issued on employer's business letter head. If you or any adult in your household is full or part-time college student, please attach copy of Higher Education Awards/Funding (i.e. scholarship, grants or loans).
- > Yavapai-Apache Nation Tribal Housing Rent & Household Composition Form or entire Lease Agreement ( if you are a resident of the YAN communities)
- > All adults of residence must sign Authorization for Release of information Form.
- > If you do not provide all of the information with the submission of your application you are not eligible to participate in the program until all information has been verified

LAST NAME		FIRST NAME			MIDDLE NAME		
PHYSICAL ADDRESS				CITY	STATE	ZIP CODE	
MAILING ADDRESS				CITY	STATE	ZIP CODE	
HOME TELEPHONE	WORK TELEPHONE	CELLULAR OR MESSAGE TELEPHONE		EMAIL ADDRESS			
LIST EVERYONE THAT LIVES WITH YOU START WITH YOURSELF		RELATIONSHIP TO APPLICANT	SOCIAL SECURITY #	ENROLLMENT #	DATE OF BIRTH	AGE	SEX M or F
1.		<b>SELF</b>					
2.							
3.							
4.							
5.							
6.							
7.							
8.							
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or anyone in your household employed part-time or full-time? If, Yes, please attach copies of most concurrent two paycheck stubs and complete the following information below.						
NAME OF EMPLOYED PERSON (S)	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE	FULL-TIME or PART-TIME	HOURLY WAGE	HOW OFTEN PAID (weekly, Bi-weekly)	MONTHLY GROSS INCOME	
						\$	
						\$	
						\$	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you or anyone in your household receive or expect to receive money from any of the following sources listed below? If Yes, please attach copies of monthly Award Statement(s) or check stubs and complete the following information below.						
Child Support Food Stamps Cash Assistance/TANF General Assistance BIA/State		Social Security/SSI Retirement/Pension Unemployment Worker's Comp/Industrial		Scholarships, Pell-Grants/Loans Tribal Money/Per-Capita Any Government Check Gifts/Personal Loans/Other			
NAME OF PERSON (S) RECEIVING MONEY	SOURCE			HOW OFTEN RECEIVED (Weekly, Bi-Weekly, or Monthly)	AMOUNT RECEIVED		
					\$		
					\$		
					\$		
Provide subtotal of all household's earned and unearned income received during the month:						\$	

By signing this application I am stating that the information provided to the Food Bank is true to the best of my knowledge. I have provided the requested documentation. I am authorizing the Food Bank to make contact with other agencies and or persons to help determining correct eligibility for my application, of which I and all adults in my home have signed the Authorization for Release of Information Form. I have reviewed my rights and responsibility with the Food Bank Manager.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of information requested by the Yavapai-Apache Nation Food Bank or its representatives to verify my eligibility, financial information, where I live, and residents of my household. The Yavapai-Apache Nation Food Bank will only use the information for the assistance of which I have applied. The Yavapai-Apache Nation Food Bank will not release this information to any other person or agency outside the Yavapai-Apache Nation or its representatives. This release of information remains in effect while I am a recipient of the Food Bank, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance programs, health care providers, landlords, employers, private individuals and other departments within the Yavapai-Apache Nation.

**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

APPLICANT'S SIGNATURE	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE