INDIVIDUAL INDIAN MONIES ACCOUNT

ND DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 413 (12-2011)

Clear Fields

Date:	Notary:

TO: Indian Agency			FROM: (Case Name)	Case Number:	
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:

I am applying for/receiving Temporary Assistance for Needy Families (TANF), Basic Care, Child Care Assistance, LIHEAP, and/or Supplemental Nutrition Assistance Program (SNAP). I understand that this information is required to determine my initial or continued eligibility for assistance:

Verification of the amount of income credited to my IIM Account during the period:

From: Through:

Name of Applicant/Recipient:	Signature:	
Enrollment Number:	Date of Birth:	Social Security Number:
Name of Applicant/Recipient:	Signature:	
Enrollment Number:	Date of Birth:	Social Security Number:

This instrument was acknowledged before me this _____ day of _____ 20 ____, in the County of _____, by each applicant or recipient whose signature appears thereon.

_____
(Notary Signature)

Stamp

Name of Each IIM Account Holder Under Age 18

Name:	Social Security Number:
Enrollment Number:	Date of Birth:
Name:	Social Security Number:
Enrollment Number:	Date of Birth:
Name:	Social Security Number:
Enrollment Number:	Date of Birth:
Name:	Social Security Number:
Enrollment Number:	Date of Birth:

The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information on this form will not affect participation in this program.

TO BE COMPLETED BY INDIAN AGENCY Please attach a copy of the IIM ledger

Additional Information, if any:		
Signature, Agency Representative:	Telephone Number:	Date:

Return To: CSSB (Name/Worker)			
Address:	City:	State:	Zip Code:

DISTRIBUTION: Original - Bureau of Indian Affairs (then return to CSSB) **Copy -** CSSB File **Copy -** Applicant/Recipient