



REQUEST FOR AN EXEMPTION FROM THE TANF LIFETIME LIMIT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 805 (10-2024)

Name			
Address	City	State	ZIP Code

I am requesting an exemption from the TANF lifetime limit for the following reason(s):

Sign and Date

Signature	Date
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You must provide written documentation from a professional service provider to support your request for an exemption from the lifetime limit.