

Alaska Native/Native American Indian Income Certification

Applicant's Name _____

If application is for yourself: I am a member of the _____ tribe.

If application is for an infant or child: This child is a member of the _____ tribe.

Our household income before taking out taxes is: \$ _____

Annual Monthly Twice-monthly Bi-weekly Weekly

ALASKA INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2024 to June 30, 2025)

Please circle your household size

Id size

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