Application for Township Assistance

NOTE: *Social Security numbers are optional*

PHONE NUMBER	APPLICATION DATE	APPLICATION TIME	CASE NUMBER
( ) -	/ /	: ☐AM ☐PM	
AREA ### ####	MM DD YY	HH MM (total:)	office use only

Applicant's Full Name | **Social Security #** | **Date of Birth**

☐ male ☐ female	— –	/ /
LAST FIRST MI	optional	MM DD YY

Other Adult's Full Name | **Social Security #** | **Date of Birth**

☐ male ☐ female	— –	/ /
LAST FIRST MI	optional	MM DD YY

Other Adult's Full Name | **Social Security #** | **Date of Birth**

☐ male ☐ female	— –	/ /
LAST FIRST MI	optional	MM DD YY

Current Address

			____ Months ____ Years
Street Address / P.O. Box Apt. #	City, State	Zip	How Long

Previous Address

			____ Months ____ Years
Street Address / P.O. Box Apt. #	City, State	Zip	How Long

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	☐ Own ☐ Buying ☐ Renting ☐ Homeless ☐ Other	☐ Own ☐ Buying ☐ Renting ☐ Homeless ☐ Other	☐ Own ☐ Buying ☐ Renting ☐ Homeless ☐ Other
What is your marital status?	☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed	☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed	☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

This office does not discriminate on the basis of race, color, national origin, sex, religion, age or handicap status. Anyone needing special aid, readers, or interpreters, please notify us at least 48 hours in advance.

In the following table, list ALL persons living within this household. For EACH person check [√] the relationship to the applicant and (circle) ALL income sources for that person. Signature, affirming income, required of all household members eighteen (18) and older.

NOTE: *Social Security numbers are optional*

Person's Name	Relationship		Income Source		Amount (monthly)
Print Signature	☐ Yourself	/ / Date of Birth – – Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / Date of Birth – – Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / Date of Birth – – Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / Date of Birth – – Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
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Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / Date of Birth – – Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	

Total adults in the household:_____ Total children in the household:_____
Total of ALL persons living in the household: _____
Total GROSS income received in the household last 30 days: $ _____

Does anyone live in this household temporarily or occasionally? YES NO
If YES, who and how often: _____

List all motorized vehicles owned by ANY person in this household:

Type: _____ (Car / Truck / Boat / Motorcycle) Year:_____ Make: _____
Type: _____ (Car / Truck / Boat / Motorcycle) Year:_____ Make: _____
Type: _____ (Car / Truck / Boat / Motorcycle) Year:_____ Make: _____

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
		Name: _____	Name:_____
What is your income status?	☐ Wages Stopped	☐ Wages Stopped	☐ Wages Stopped
	☐ Waiting on Income	☐ Waiting on Income	☐ Waiting on Income
	☐ Receiving Income	☐ Receiving Income	☐ Receiving Income
	☐ No Income	☐ No Income	☐ No Income
What is your employment status?	☐ Currently working	☐ Currently working	☐ Currently working
	☐ Laid off on: _____	☐ Laid off on: _____	☐ Laid off on: _____
	☐ Never worked	☐ Never worked	☐ Never worked
**answers require explanation below*	☐ Quit: *	☐ Quit: *	☐ Quit: *
	☐ Fired: *	☐ Fired: *	☐ Fired: *
	☐ Sick leave	☐ Sick leave	☐ Sick leave
	☐ Maternity leave	☐ Maternity leave	☐ Maternity leave
	☐ On strike	☐ On strike	☐ On strike
	☐ Trying to find work	☐ Trying to find work	☐ Trying to find work

OTHER FINANCIAL INFORMATION

	Applicant	**Other Adult**	**Other Adult**
Do you have life insurance?	Yes No	Yes No	Yes No
Do you have another type of insurance?	Yes No	Yes No	Yes No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes No	Yes No	Yes No
Do you have any cash on hand?	Yes No	Yes No	Yes No
IF YES, give amount	$_____	$ _____	$ _____
Do you have a checking account?	Yes No	Yes No	Yes No
Do you have a savings account?	Yes No	Yes No	Yes No
IF YES, give name of each bank & current balance	_____	_____	_____

Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer, or government agency from which you (they) expect to receive a recovery (money)? YES NO
If yes, explain: _____

PROPERTY OWNERSHIP

	Applicant	Other Adult	Other Adult
Do you own any property?	Yes No	Yes No	Yes No

IF YES, address: _____

Name of mortgage company: _____

Amount of mortgage payment:

Number of years owned:_____ Approximate market value of home: _____

RENTAL HISTORY

Number of adults on the lease: _____ Co-lessee's name (if any): _____

Name of apartment complex or landlord: _____

Address of complex or landlord: _____

Phone number of complex or landlord: _____

What date did you move into this rental unit: _____ Monthly rent amount: _____

Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____

Are any utilities included? YES NO If yes, which ones? _____

EMPLOYMENT HISTORY

	Applicant	Other Adult Name _____	Other Adult Name _____
Your most recent employer:			
Date you started work there:			
Date you last worked there:			
Reason not working now:			
2nd most recent employer:			
Date you started work there:			
Date you last worked there:			
Reason not working now:			

MILITARY SERVICE

	Applicant	Other Adult	Other Adult
Serial Number:			
Enlistment Date:			
Branch of Service:			
Discharge Date:			

CITIZENSHIP

Is everyone in the household a U.S. citizen? YES NO

If no, please explain status by which you are in the U.S.: _____

FAMILY INFORMATION

Applicant's Maiden Name (if married): _____

Household members' relatives (parents, brothers, sisters, grandparents, aunt, uncles) including "step" relatives:

Name	Address	Phone	How have they helped? Are they willing to help?

CHILD SUPPORT

If there are minor children in the home, is child support ordered for them by a court? YES NO

If not will you go to court to get support? YES NO

If NO, explain: _____

Are you receiving child support? YES NO If YES, how much? _____

Name & address of child(ren)'s other parent if not in household: _____

OTHER SOURCES OF HELP

Have you or someone in the household been helped from any other source such as churches, multi-service centers, or friends whom you have not already listed on this form? YES NO

If YES, who, how much & when? _____

CURRENT DEBTS OF ALL HOUSEHOLD MEMBERS

Amount of Debt	Date Purchased	Name of Creditor	Items Purchased	Value	Amt. Paid	Last Pay Date

EXPENSE INFORMATION

List below any payments made by any household member to any source in the last thirty (30) days:

Amount	Paid to	Date Paid	Amount	Paid to	Date Paid

What do you owe today on your rent or mortgage? $_____

What do you owe today on your utilites? _____

Electricity $_____ Gas/Heating $_____ Water $_____ Cable $_____

Telephone $_____ Sewer $_____ Trash Removal $_____Other $_____

Are any of these bills in someone else's name? YES NO

If YES, which ones and whose name? _____

What is your reason for asking for Trustee help?

- ☐ No Income
- ☐ Not Enough Income
- ☐ Income Stolen
- ☐ Emergency Event

Has there been an emergency or extraordinary circumstance you wish the Trustee to consider in your application:

YES NO

If YES, explain: _____

_____

_____

_____

_____

Specifically, what are you asking for help with today?

_____

_____

_____

OTHER PUBLIC ASSISTANCE

Are you receiving or have you applied for the following:

APPLICANT

Subsidized Sec. 8, HUD, or other public housing: YES NO Date Applied: _____ \ _____ \ _____

Utility Allotment	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Grants/Loans	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing: YES NO Date Applied: _____ \ _____ \ _____

Utility Allotment	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Grants/Loans	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing: YES NO Date Applied: _____ \ _____ \ _____

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FEMA Funds	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Grants/Loans	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ \ _____ \ _____	Amount: _____

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? _____

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? _____

_____

READ CAREFULLY* NOTICE OF PUBLIC LAW

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to cooperate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days of heating fuel or electric services assistance unless the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-16-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application for food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipent or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.

_____	_____	_____
Signature of Applicant	Signature of Other Adult	Signature of Other Adult

Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?

Applicant: YES NO Other Adult: Yes No Other Adult: Yes No

If no, explain why not: _____

Affidavit

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and member of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

_____	_____	_____
Signature of Applicant	Signature of Other Adult	Signature of Other Adult

Note: All household members eighteen and older must sign where indicated for application to be complete.

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, _____, Case Number _____, residing at _____

_____, Indiana, consent to the disclosure of the following information to _____, the investigator of township assistance for _____ Township _____County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

(1) My township assistance application from _____ Township _____County, IN.

(2) My application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.

(3) Others (if any).

_____	_____	_____
Signature of Applicant	Signature of Other Adult	Signature of Other Adult
_____	_____	_____
Date Signed	Date Signed	Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

_____	_____
Trustee or Employee	Date Signed

(THIS PAGE FOR TOWNSHIP USE ONLY)

WORK ORDER:

Given _____ Amount _____ Completed _____

STATISTICAL SUMMARY OF THIS APPLICATION

Date	# Recipients Rec'd. Benefit	Utility # Benefits	Housing $ Benefits	Food $ Benefits	Health Care $ Benefits	Other	Total $ Benefits

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

CASE RECORD OF INVESTIGATION