

Email Documents To: [CONTACT@PERRYTOWNSHIP-IN.GOV](mailto:CONTACT@PERRYTOWNSHIP-IN.GOV)

Please put your name in the subject line

## OFFICE OF THE PERRY TOWNSHIP TRUSTEE

**This form is a guide to what may be required to process your application.  
Information requested pertains to ALL household members.**

ALL members of the household, 18 years or older, must be present at the appointment.  
Please bring the following information that might apply to your case.  
You may be asked for additional documents as needed for investigation.

- ❖ Valid state issued driver's license or ID for all household members 18 years and older
- ❖ Social Security Cards for all household members (cards, or IRS documents are acceptable)
- ❖ Birth certificate for all household members under 18 years of age
- ❖ Documentation of all household member's status in the United States if they are not a citizen
- ❖ Current copy of your signed lease agreement
- ❖ Doctor's statement if you, or a member of your household are not working due to medical reasons
- ❖ Bank or pay card account transaction history printout for the last 30 days. We are not requesting a statement
- ❖ Last year's tax forms
- ❖ Full name and email address

**Proof of all earned and unearned income for the last 30 days.** Examples of this may include, but are not limited to:

- ❖ Check stubs
- ❖ TANF/SNAP/MEDICAID/HIP awards letter
- ❖ Social Security, SSI/SSD letter of award for all receiving members of the household
- ❖ Child support received (printout may be obtained from the clerk's office)
- ❖ Statement from anyone who has loaned or given you money
- ❖ Proof of any other countable resource (VA, pension, retirement accounts, grants, loans etc.)

**Receipts, current statements, or payment ledgers for any bills, loans, or purchases for the last 30 days**

- ❖ Rent/mortgage Payment Ledger (running list of charges, payments and current balance)
- ❖ Utilities (IPL, Citizen's, home/cellphone, internet, TV services)
- ❖ Loans (car, payday, personal, school etc.)
- ❖ Medical bills or prescriptions
- ❖ Childcare, preschool, tuition, school fees
- ❖ Rental payments for furniture, appliances, or electronics
- ❖ Insurance (car, renters, life, medical, etc.)
- ❖ Credit card bills
- ❖ Storage units
- ❖ Receipts for any purchases made in the last 30 day

**This office operates under the Township Assistance Eligibility Standards for  
Perry Township in addition to Stated and Federal laws.  
Intake hours by appointment only: 8:30-11:30 AM & 1:30-3:30 PM M-F  
If you are more than 10 minutes late, your appointment will have to be rescheduled.**

# OFFICE OF PERRY TOWNSHIP TRUSTEE

4925 Shelby Street, Suite 400  
Indianapolis, Indiana 46227

Office (317) 788-4810

Fax (317) 788-4820

Nancy Sue Day  
Township Trustee

April Tibbs  
Chief Deputy Trustee

## MULTI-SERVICE CENTERS - Assistance with rent and utilities

Catholic Social Services.....		236-1512
Concord Center.....	1310 S Meridian St.....	637-4376
Community Action of Greater Indianapolis.....		396-1800
St. Vincent De Paul.....		687-0169
Salvation Army.....	1337 Shelby Street.....	632-0156
Southeast Community Center.....	(N of Thompson E of I65).....	236-7400
Indianapolis Housing agency..... (Sec 8).....	1935 N Meridian.....	261-7200

ENERGY ASSISTANCE - Gas, electric, bulk fuel.....[www.indyeap.org](http://www.indyeap.org).....211

## EMPLOYMENT

Concord Center.....	1310 S Meridian St.....	637-4376
Fletcher Place..... (Meals, jobs, clothing).....	1637 Prospect St.....	636-3466
Goodwill Industries.....	1635 W Michigan St.....	524-4313
Mary Riggs Neighborhood Center.....	1920 W. Morris St.....	639-6106
Southeast Community Center.....	(N of Thompson E of I65).....	236-7400
Vocational Rehabilitation.....	2346 S Lindhurst Dr., Bldg. 100.....	781-3745
Work Force Development (unemployment).....	2525 N Shadeland..... <a href="http://in.gov/dwd">in.gov/dwd</a> .....	798-0335

## FOOD PANTRIES - 2 pieces of ID (proof of residence, i.e.: utility bill) and S S cards are required).

Catholic Charities.....		236-1556
(Open Mon - Thurs 10 am to Noon and 1 pm to 3 pm)		
Emmaus Food Pantry.....	1209 Linden (N of Thompson).....	No Telephone
(Open Mon 3-5 pm, Tues & Wed 1 to 3 pm)		
Hunger Inc.....	1416 E Epler Ave.....	782-3321
(Open Tues 10 to 1 p.m., Thurs 4 to 7 p.m. and Sat 10 to 1 p.m.)		
Southside Church of the Nazarene.....	2515 E Thompson Rd.....	784-1373
(3 <sup>rd</sup> Thursday)		
St. Vincent De Paul.....	3001 E. 30 <sup>th</sup> St.....	924-3461
Servant's Heart.....	5602 Elmwood Suite 212.....	788-9433
(Thurs. 6:30 PM to 9:00 PM (food only) and Sat 9:00 AM to 2:00 PM)		
Marion County Office of Family Resources.....	3906 Madison Ave.....	1-800-403-0864
(Food Stamps/Medicaid)		

## MEDICAL

Adult & Child.....	8320 Madison Ave.....	882-5122
Citizens Health Center..... (Pharmacy).....		924-6351
Cottage Corner.....	1434 Shelby St.....	655-3200
Health Advantage Services.....		639-6671
Hoosier Healthwise.....		1-800-889-7949
Mother Baby help line.....		221-2229
Eskenazi Hospital..... (Medication at ER).....		No Telephone

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Nancy Sue Day  
Township Trustee

April Tibbs  
Chief Deputy Trustee

## GOVERNMENT

Marion County Office of Family Resources.....3906 Madison Ave.....1-800-403-0864  
(Food Stamps/Medicaid)  
Indianapolis Legal Aid Society.....635-9538  
Prosecutor's Office.....City County Bldg. Rm. 122.....327-1800  
Social Security Office.....1-800-772-1213  
WIC (Woman, Infant & Child).....935 Hanna.....221-5795  
Workforce Development..... (Unemployment).....2525 N. Shadeland.....in.gov/dwd.....798-0335

## MISCELLANEOUS

Horizon House Homeless Center.....1033 E Washington St.....423-8909  
Julian Center..... (Abuse Shelter).....2011 Shelby St.....920-9320  
MSD of Perry Township.....6548 Orinoco Ave.....789-3700  
Perry Senior Citizens.....6901 Derbyshire.....783-9231  
St Elizabeth/Coleman (pregnancy & adoption services).....2500 Churchman Ave.....787-3412

## SHELTERS

Salvation Army .....540 N. Alabama St. ....637-5551  
Wheeler Mission for Women and Children.....3208 E. Michigan St. ....687-3630

## 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 \_\_\_\_\_ PERRY \_\_\_\_\_ Township \_\_\_\_\_ MARION \_\_\_\_\_ 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 application for township assistance from \_\_\_\_\_ PERRY \_\_\_\_\_ Township \_\_\_\_\_ MARION \_\_\_\_\_ 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



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

NAME OF APPLICANT: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

DATE: \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

\*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

Signature of Requestor: \_\_\_\_\_

Requesting Agency: Perry Township Trustee

Fax Number: 317-788-4820

Phone Number: 317-788-4810

For questions email [EmployVerification@dwd.IN.gov](mailto:EmployVerification@dwd.IN.gov)

# OFFICE OF THE PERRY TOWNSHIP TRUSTEE

**4925 Shelby Street, Suite 400  
Indianapolis, Indiana 46227**

**Office (317) 788-4815**

**Fax (317) 788-4820**

Nancy S. Day  
Township Trustee

**Township Assistance (317) 788-4810**

April Tibbs  
Chief Deputy Trustee

## VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFITS REQUIRED BY INDIANA CODE 12-32-1

I, \_\_\_\_\_ (printed name), am a United States  
citizen or qualified alien (as defined under 8 U.S.C. 1641).

OR

\_\_\_\_\_ (printed name), is a United States  
citizen or qualified alien (as defined under 8 U.S.C. 1641).

I hereby verify under the penalty of perjury that the foregoing statement is true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Printed)

E-Mail address \_\_\_\_\_

Phone # \_\_\_\_\_

Prescribed by State Board of Accounts

Township Form TA-1 (Revised 2004)

## Application For Township Assistance

Phone Number (     ) - Area ### ####	Application Date / / MM    DD    YY	Application Time :     : HH    MM (total ) <input type="checkbox"/> AM <input type="checkbox"/> PM	Case Number  <b>office use only</b>
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**Applicant's Full Name**

Social Security #      Date of Birth

<input type="checkbox"/> Male <input type="checkbox"/> Female	- -	/ /
Last                      First                      MI	optional	MM    DD    YY

**Other Adult's Full Name**

Social Security #      Date of Birth

<input type="checkbox"/> Male <input type="checkbox"/> Female	- -	/ /
Last                      First                      MI	optional	MM    DD    YY

**Other Adult's Full Name**

Social Security #      Date of Birth

<input type="checkbox"/> Male <input type="checkbox"/> Female	- -	/ /
Last                      First                      MI	optional	MM    DD    YY

**Current Address**

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

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

Question	Applicant	Other Adult	Other Adult
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> 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 in advance at least 48 hours.

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 is required of all household members eighteen (18) and older. Note: Social Sec. #'s are optional.

Person's Name	Relationship	Date of Birth	Income Source	Amount (monthly)
_____ Print  _____ Signature	<input type="checkbox"/> Yourself	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits Wages AFDC Pension Support Gifts Other	
_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits Wages AFDC Pension Support Gifts Other	
_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits Wages AFDC Pension Support Gifts Other	
_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> Social Sec. # (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits Wages AFDC Pension Support Gifts Other	
_____ Print  _____ Signature	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> 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	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	<input type="text" value="/ /"/> Date of Birth  <input type="text" value="- -"/> 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
<b>What is your income status?</b>	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	Name _____ <input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	Name _____ <input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income
<b>What is your employment status?</b>	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit * <input type="checkbox"/> Fired * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On Strike <input type="checkbox"/> Trying to find work	Name _____ <input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit * <input type="checkbox"/> Fired * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On Strike <input type="checkbox"/> Trying to find work	Name _____ <input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit * <input type="checkbox"/> Fired * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On Strike <input type="checkbox"/> Trying to find work

\* answers require explanation below.

**Other Financial Information**

	Applicant	Other Adult	Other Adult
Do you have life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Do you have another type of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Do you have any cash on hand? If YES, give amount	<input type="checkbox"/> Yes <input type="checkbox"/> NO \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO \$ _____
Do you have a checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Do you have a savings account? If YES, give name of each bank & current balance	<input type="checkbox"/> Yes <input type="checkbox"/> NO _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO _____ _____
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)? If YES, explain	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**Property Ownership**

	Applicant	Other Adult	Other Adult
Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO
If YES, show address	_____		
Show name of mortgage company	_____		
Show amount of mortgage payment	_____		
Show number of years owned	_____	Approximate market value of home	_____

**Rental History**

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

Show 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 no longer there	_____	_____	_____

**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 and 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 utilities? \$ \_\_\_\_\_

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 \_\_\_\_\_

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Specifically, what are you asking for help with today?

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**Other Public Assistance**

Are you receiving or have you applied for the following:  
Applicant

Subsidized Sec. 8, HUD, or other public housing:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____
Utility Allotment	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Food Stamps	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
AFDC Welfare	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Other Trustee Office	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Social Security (any type)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
V.A Benefits (any time)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
EAP Utility Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
FEMA Funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Grants/Loans	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Any other type of help	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____

**Other Adult**

Subsidized Sec. 8, HUD, or other public housing:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____
Utility Allotment	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Food Stamps	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
AFDC Welfare	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Other Trustee Office	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Social Security (any type)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
V.A Benefits (any time)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
EAP Utility Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
FEMA Funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Grants/Loans	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Any other type of help	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____

**Other Adult**

Subsidized Sec. 8, HUD, or other public housing:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____
Utility Allotment	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Food Stamps	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
AFDC Welfare	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Other Trustee Office	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Social Security (any type)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
V.A Benefits (any time)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
EAP Utility Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
FEMA Funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Unemployment Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Grants/Loans	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Applied	____/____/____ Amount _____
Any other type of help	<input type="checkbox"/> YES <input type="checkbox"/> 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 & 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 with heating fuel or electric service assistance unless you have applied for assistance from the Division of Disability, Aging, and Rehabilitative Services as stated under IC 12-20-16-3. IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, who may be eligible for other public assistance shall within fifteen (15) working days of the emergency assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, fails to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following the 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 recipient or other adult member of the household, with certain exceptions, to do any 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 members 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.**