

Application for Township Assistance

NOTE: Social Security numbers are optional

PHONE NUMBER () - -	APPLICATION DATE / /	APPLICATION TIME : : <input type="checkbox"/> AM <input type="checkbox"/> PM	CASE NUMBER
AREA ### ####	MM DD YY	HH MM (total:)	office use only

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				_____ 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?	<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 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	Date of Birth	Income Source	Amount (monthly)
Print _____	<input type="checkbox"/> Yourself	/ /	No Income	Wages
Signature _____		- -	Social Security	AFDC
		Social Sec. # (optional)	Unemployment	Pension
			Veteran's Insurance	Support Gifts
			Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /	No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -	Social Security	AFDC
	<input type="checkbox"/> Relative	Social Sec. # (optional)	Unemployment	Pension
	<input type="checkbox"/> Room Mate		Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /	No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -	Social Security	AFDC
	<input type="checkbox"/> Relative	Social Sec. # (optional)	Unemployment	Pension
	<input type="checkbox"/> Room Mate		Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /	No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -	Social Security	AFDC
	<input type="checkbox"/> Relative	Social Sec. # (optional)	Unemployment	Pension
	<input type="checkbox"/> Room Mate		Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /	No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -	Social Security	AFDC
	<input type="checkbox"/> Relative	Social Sec. # (optional)	Unemployment	Pension
	<input type="checkbox"/> Room Mate		Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
Print _____	<input type="checkbox"/> Child	/ /	No Income	Wages
Signature _____	<input type="checkbox"/> Spouse	- -	Social Security	AFDC
	<input type="checkbox"/> Relative	Social Sec. # (optional)	Unemployment	Pension
	<input type="checkbox"/> Room Mate		Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	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
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	Name: _____	Name: _____	
What is your income status?	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income

What is your employment status?	<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"/> 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"/> 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
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*answers require explanation below

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? IF YES, give amount	Yes No \$ _____	Yes No \$ _____	Yes No \$ _____
Do you have a checking account?	Yes No	Yes No	Yes No
Do you have a savings account? IF YES, give name of each bank & current balance	Yes No _____	Yes No _____	Yes 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)?	YES NO	YES NO	YES NO
If yes, explain: _____			

PROPERTY OWNERSHIP

Do you own any property?	Applicant		Other Adult		Other Adult	
	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

OTHER PUBLIC ASSISTANCE

Are you receiving or have you applied for the following:

APPLICANT

Table with 10 rows of public assistance types (e.g., Subsidized Sec. 8, HUD, Utility Allotment) and columns for YES/NO, Date Applied, and Amount.

OTHER ADULT

Table with 10 rows of public assistance types and columns for YES/NO, Date Applied, and Amount.

OTHER ADULT

Table with 10 rows of public assistance types and columns for YES/NO, Date Applied, and 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 recipient 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
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Note: All household members eighteen and older must sign where indicated for application to be complete.