



OFFICE OF THE PERRY TOWNSHIP TRUSTEE

4925 Shelby Street, Suite 400

Indianapolis, Indiana 46227

Office (317) 788-4815

Fax (317) 788-4820

Patty Hagenmaier
Township Trustee

Tammy Springman
Chief Deputy Trustee

APPLICATION FOR TOWNSHIP ASSISTANCE

Per your request, attached is the Office of the Perry Township assistance application packet.

- The packet includes a list of required documents you and your household member(s) will need to provide at the scheduled in-take interview.
- The packet provides a list of other resources that might be able to help you. Please contact these other resources as The Office of the Perry Township Trustee does not guarantee financial assistance.
- The packet includes consent forms to be signed by all parties listed on the lease and household member(s) aged 18 years and older.
- The packet includes the Application for Township Assistance.

When the application is completed and the documents collected, the next step is to schedule the in-take interview. The purpose of the in-take interview is to meet with a caseworker to review your application and documents and start the determination process. Please use one of the methods below to schedule the in-take interview:

- **Call** the Office of the Perry Township Trustee at 317.788.4815 to schedule your in-take interview. Bring the completed application and required documents with you.
- **Fax** the completed application and required documents to 317.788.4820. You will be contacted within 24 hours to schedule an in-take interview.
- **Scan** and email the completed application and required documents to contact@perrytownship-IN.gov . You will be contacted within 24 hours to schedule an in-take interview.

NOTE: We cannot process your request for assistance if the application is incomplete or the required documents are not provided

Once the in-take interview is completed, your application for assistance and the documents you provide will be reviewed and you will be notified of the determination within 72 hours.

*****PLEASE DO NOT DROP OFF YOUR APPLICATION AND DOCUMENTS*****

Attachment

T:/FORMS/APP COVER LETTER 2023/WORD



OFFICE OF THE PERRY TOWNSHIP TRUSTEE

4925 SHELBY STREET INDIANAPOLIS, IN 46227

INTAKE APPOINTMENT CONTACT: PHONE: 317.788.4810 FAX: 317.788.4820

EMAIL: CONTACT@PERRYTOWNSHIP-IN.GOV (PLEASE PUT YOUR NAME IN SUBJECT LINE OF THE EMAIL)

This form is a guide of documents that 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 documents with you to the scheduled intake appointment (other documents may be requested or required):

- Valid Indiana 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
- Rent/mortgage payment ledger (running list of charges, payments and current balance)
- Doctor's statement if you or a member of your household cannot work due to medical reasons
- Bank checking and savings account statement for the prior month and transactions for the current month
- Cash app statement for the prior month and transactions for the current month
- 401k statement for the prior month and transactions for the current month
- Previous year's state & federal tax return forms

Proof of income for the last 30 days, such as:

- Check stubs
- TANF/SNAP/MEDICAID/HIP award or denial letter
- Social Security Income (SSI) or Social Security Disability (SSD) award or denial letter
- Child support received (printout may be obtained from the clerk's office)
- Statement from anyone or any organization which provided financial assistance by loaning or giving you money
- Statement from anyone or any organization which has provided financial assistance by paying your bills
- Proof of any other countable resource (VA, pension, retirement accounts, grants, loans etc.)

Expenses last 30 days, such as:

- Receipts for purchase made in the last 30 days such as: grocery, gas, school supplies, clothing, household items
- Utilities: AES, Citizen's Energy, cell phone, cable, internet
- Loans (car, payday, pawn shop, personal, school etc.)
- Medical bills or prescriptions
- Childcare, preschool, tuition, school fees
- Payments for rented furniture, appliances, or electronics
- Insurance payments (car, renters, life, medical, etc.)
- Credit card statement
- Storage unit statement

This office operates under the Township Assistance Eligibility Standards for Perry Township in addition to State & Federal laws.

Intake hours by appointment only: 8:30-11:30 AM & 1:30-3:30 PM, M-F, closed 11:30-12:30.

If you are more than 10 minutes late, your appointment will have to be rescheduled

PHONE (317) 788-4810 * FAX (317) 788-4820



Office of the Perry Township Trustee

4925 Shelby Street, Suite 400
Indianapolis, Indiana 46227

Office 317.788.4810

Fax: 317.788.4820

Patty Hagenmaier
Township Trustee

Tammy Springman
Chief Deputy Trustee

EMPLOYMENT

Concord Center	317.637.4376	1310 S Meridian Street	
Fletcher Place (meals, jobs, clothing)	317.636.3466	1637 Prospect Street	
Goodwill Industries	317.524.4313	1635 W Michigan Street	
Mary Riggs Neighborhood Center	317.639.6106	1920 W Morris Street	
Southeast Community Center	317.236.7400	901 Shelby Street	
Vocational Rehabilitation	317.781.3745	2346 S Lindhurst Drive, #100	
Work Force Development (unemployment)	317.798.0335	2525 N Shadeland Avenue	

ENERGY ASSISTANCE

Electric, gas, bulk fuel)	211	INDYEAP ORG	
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FOOD PANTRIES (2 PIECES OF ID & SS CARD)

Catholic Charities	317.236.1556	Various locations	MON-THU 10AM - 12PM; 1PM-3PM
Emmaus Food Pantry	NO PHONE	1209 Linden Avenue	MON 3PM - 5PM; TUE & WED 1PM - 3PM
Hunger, Inc	317.782.3321	1416 E Epler Avenue	TUE 10AM - 1PM; THU 4PM - 7PM; SAT 10AM - 1PM
Southside Church of Nazarene	317.784.1373	2515 E Thompson Road	Third Thursday of each month
St. Vincent de Paul	317.924.3461	3001 E 30th Street	
Servant's Heart	317.788.9433	5602 Elmwood Avenue, #212	THU 6:30PM - 9PM (food only); SAT 9AM - 2PM
Marion County Office of Family Resources (food stamps/Medicaid)	800.403.0864	3906 Madison Avenue	

SERVICE HOURS

GOVERNMENT

Indianapolis Legal Aid	317.635.9538		
Marion County Office of Family Resources (food stamps/Medicaid)	800.403.864	3906 Madison Avenue	
Prosecutor's Office	317.327.3522	251 E Ohio Street	
Social Security Office	800.772.1213		
WIC (woman, infant, & child)	317.221.5795	935 Hanna Avenue	
Workforce Development (unemployment)	317.798.0335	2525 N Shadeland Avenue	

MEDICAL

Adult & Child	317.882.5122	8320 Madison Avenue	
Citizens Health Center (pharmacy)	317.924.6351	1650 N College Avenue	
Cottage Corner	317.655.3200	1434 Shelby Street	
Eskenazi Hospital (medication at emergency)	NO PHONE		
Health Advantage Services	317.639.6671		
Hoosier Healthwise	800.889.7949		
Mother Baby Help Line	317.221.2229		

MISCELLANEOUS

Horizon House Homeless Shelter	317.423.8909	1033 E Washington Street	
Julian Center (abuse shelter)	317.920.9320	2011 Shelby Street	
MSD of Perry Township	317.789.3700	6548 Orinoco Avenue	
Perry Senior Center	317.783.9231	6901 Derbyshire Drive	
St. Elizabeth Coleman Pregnancy & Adoption	317.787.3412	2500 Churchman Avenue	

MULTI-SERVICE (RENT & UTILITY ASSISTANCE)

Catholic Social Services	317.236.1512		
Concord Center	317.637.4376	1310 S Meridian Street	
Community Action of Greater Indianapolis	317.396.1800	3266 N Meridian Street	
St. Vincent de Paul	317.687.0169	Various locations	
Salvation Army	317.632.0156	1337 Shelby Street	
Southeast Community Center	317.236.7400	901 Shelby Street	
Indianapolis Housing Agency (section 8)	317.261.7200	1935 N Meridian Street	

SHELTERS

Salvation Army	317.637.5551	540 N Alabama Street	
Wheeler Mission (women & children)	317.687.3630	3208 E Michigan Street	

CONSENT TO DISCLOSE 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



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Patty Hagenmaier
Township Trustee

Tammy Springman
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 () -	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 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		Income Source	Amount (monthly)	
_____ Print _____ Signature	<input type="checkbox"/> 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	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> 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	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> 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	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> 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	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> 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	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> 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	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> 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
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What is your income status?

	Name _____	Name _____
<input type="checkbox"/> Wages Stopped	<input type="checkbox"/> Wages Stopped	<input type="checkbox"/> Wages Stopped
<input type="checkbox"/> Waiting on Income	<input type="checkbox"/> Waiting on Income	<input type="checkbox"/> Waiting on Income
<input type="checkbox"/> Receiving Income	<input type="checkbox"/> Receiving Income	<input type="checkbox"/> Receiving Income
<input type="checkbox"/> No Income	<input type="checkbox"/> No Income	<input type="checkbox"/> No Income

What is your employment status?

<input type="checkbox"/> Currently working	<input type="checkbox"/> Currently working	<input type="checkbox"/> Currently working
<input type="checkbox"/> Laid off on _____	<input type="checkbox"/> Laid off on _____	<input type="checkbox"/> Laid off on _____
<input type="checkbox"/> Never worked	<input type="checkbox"/> Never worked	<input type="checkbox"/> Never worked
<input type="checkbox"/> Quit *	<input type="checkbox"/> Quit *	<input type="checkbox"/> Quit *
<input type="checkbox"/> Fired *	<input type="checkbox"/> Fired *	<input type="checkbox"/> Fired *
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Sick Leave
<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Maternity Leave
<input type="checkbox"/> On Strike	<input type="checkbox"/> On Strike	<input type="checkbox"/> On Strike
<input type="checkbox"/> Trying to find work	<input type="checkbox"/> Trying to find work	<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?	<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, give amount	\$ _____	\$ _____	\$ _____
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?	<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, 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?	<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	Other Adult
	name _____	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
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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

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 ____ \ ____ \ ____
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 ____

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.